

Informed Consent for Participation

I, _____, desire to participate voluntarily in the Civilian Employee Health and Wellness Promotion program to improve my general well being to become a more productive, energetic, and supportive employee. I request participation to be effective _____.

I understand that this program:

- 1. Is voluntary.
- 2. Provides me an opportunity for exercise and Health and Wellness Promotion Education.
- 3. Enables me to exercise up to three hours per week.
- 4. Includes my workout and clean-up time.
- 5. Empowers me to plan, execute, and manage my own exercise options within the imposed constraints listed above an my job workload.
- 6. Empowers my supervisor to know my exercise options and hold me to them.

The periods I plan to use to "workout" are as follows:

- 1. Monday Tuesday Wednesday Thursday Friday
(Circle the appropriate periods.)

- 2. During the hours of: _____ - _____

I further understand that I must report promptly to my supervisor any problems or constraints associated with my ability to participate in this program. I will work closely with my supervisor to ensure full understanding of my exercise options is sustained.

I have read and understand the entire contents of this consent form. My questions have been answered to my satisfaction.

Employee: _____ Date: _____

Supervisor: _____ Date: _____

Approved Denied