

The Sage Colleges  
Employee Wellness Program  
Contract

Recreation and Fitness Only

Orientation: \_\_\_\_\_

Staff: \_\_\_\_\_

Completed \_\_\_\_\_

Initials \_\_\_\_\_

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Division: \_\_\_\_\_

Office: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Please check those that apply to you:

Current workout:    \_\_\_ 1 -2 days/week       \_\_\_ 3-5 days/week       \_\_\_ 6-7 days/week       \_\_\_ Never

I will most likely use:   \_\_\_ The FITSTOP       \_\_\_ The Gator Pit       \_\_\_ Outside Fitness Center   \_\_\_ No Fitness Center

I am interested in:    \_\_\_ Yoga/Pilates       \_\_\_ Karate Fitness       \_\_\_ Dance       \_\_\_ Other: \_\_\_\_\_

I primarily work in:    \_\_\_ Albany       \_\_\_ Troy       \_\_\_ Both

I will mostly work out:   \_\_\_ Before Work       \_\_\_ Lunch       \_\_\_ After Work

I am concerned about:   \_\_\_ Weight       \_\_\_ Diet       \_\_\_ Overall Fitness

Other concerns/questions/comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I, \_\_\_\_\_, have decided to participate in The Sage Colleges Employee Wellness Program, I understand that in doing so I am committing to helping myself live a healthier lifestyle.

I choose to participate in :

\_\_\_\_\_ Track 1: Fitness Infusion

\_\_\_\_\_ Track 2: Total Wellness

I understand that my participation is completely voluntary and promise to provide accurate information regarding activities I participate in as well as any problems I may encounter. I also understand that aspects of the program may change at any time as the program continues to evolve.

\_\_\_\_\_  
Participant's Name

\_\_\_\_\_  
Director of Recreation & Fitness

\_\_\_\_\_  
Director of Human Resources

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date