

# Wellness Program Participation Agreement

This Wellness Program Participation Agreement ("Agreement") is entered into between the undersigned participant ("Participant") and the Wellness Program provider ("Provider").

## 1. Program Description

The Wellness Program is designed to promote healthy lifestyle activities and support the overall well-being of participants. Participation is voluntary and may include activities such as health screenings, fitness sessions, educational workshops, and related wellness initiatives.

## 2. Participant Acknowledgments

- I voluntarily participate in the Wellness Program.
- I understand participation is not a requirement of my employment (if applicable), nor does it affect my benefits or status.
- I acknowledge that program activities may include physical exercise and recommend consulting with my healthcare provider before participating.
- I agree to notify the Provider of any medical conditions that may affect my participation.

## 3. Confidentiality

All personal health information and data collected as part of the Wellness Program will be kept confidential and in compliance with applicable privacy laws.

## 4. Assumption of Risk

I understand that participation may involve certain risks. I assume full responsibility for any injuries, damages, or losses that may result from my participation in the Wellness Program.

## 5. Waiver and Release

By signing below, I release and discharge the Provider, its affiliates, and employees from any and all claims or causes of action arising out of my participation in the Wellness Program, except where prohibited by law.

## 6. Participant Information

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

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

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

Participant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Provider Representative Signature

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Date

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