

Class Waiver Form – Winter/Spring Semester January 9th – May 18th , 2012



I recognize that The Wellness Program on the Health Sciences Campus is a voluntary program available to me as an employee, family member, and/or community member. I understand that it is a voluntary program, which may involve strenuous physical activity. I further recognize that any injuries that I may sustain **are not** the responsibility of The Wellness Program, WVU Hospitals (WVUH), University Health Associates (UHA), WVU on the Health Sciences (WVU@HSC) Campus and that The Wellness Program is not part of any of my job responsibilities. I understand that any injury I may experience is not a job-related injury and I assume the risk for any injury while participating in this program.

Yoga/Pilates Block (includes all Yoga & Pilates classes) \$3 + 17 Wellness Points
Beginners Boot Camp, Power Pump & Zumba, Olympic Weight Training, The Weight Game – These classes are \$3 + 12 Wellness Points each. Please note: Power Pump & Zumba are considered one class - may attend both or one.

WVU Employees not at HSC Campus Fees: \$20/semester for Yoga/Pilates Block Class -- \$15/semester for all other classes.
Make checks payable to: WVU Healthcare (WVUH).

Employer: WVUHealthcare WVU@HSC WVU (not@HSC) **Date:** _____

Please select the class or classes to attend: Boot Camp Power Pump & Zumba Olympic Weight Training
The Weight Game Yoga/Pilates Block

Employee Name: _____ **Email:** _____

Date of Birth: ____/____/____ **Last 4 digits of SS#** _____ **Dept. Phone:** _____

Dept.: _____ **Signature:** _____

Family Member Registration: Name: _____ **Signature:** _____

Employee's Name: _____ **Relationship to Employee:** _____

Email: _____ (used as notification of class updates/cancellations, etc.)

Community Member Registration: Community Fee: \$100 semester – Yoga/Pilates Block class \$50 semester for all other classes. Checks payable to: WVU Healthcare (WVUH).

Name: _____ **Signature:** _____

Address: _____ **Phone:** _____

Email: _____ (used as notification of class updates/cancellations, etc.)

Employee Wellness Points Form

As an employee of WVU Healthcare or WVU@HSC, you may receive 25 Wellness Points for each "yes" answer (50 points possible). Each point is equal to \$1. The employee pays the first \$3 for a class; Wellness Points are used for the remaining fee.

Points are pro-rated
January 1 – June 30 50 Points
July 1 – December 31 25 Points

Do you avoid all forms of tobacco? Yes No
Do you wear your seat belt at all times or helmet if riding a motorcycle? Yes No

Mail along with payment to: The Wellness Program PO Box 9146. Fax: 304-293-3725