



## Employee Wellness Enrollment Form

Full-Time Faculty   
  Part-Time Faculty   
  Full-Time Staff   
  Part-Time Staff   
  Spouse/Partner

|                            |                  |                       |  |
|----------------------------|------------------|-----------------------|--|
| <b>Name:</b>               |                  | <b>Date:</b>          |  |
| <b>SC Sponsor's Name*:</b> |                  | <b>Relationship*:</b> |  |
| <b>Department:</b>         |                  |                       |  |
| <b>Street Address:</b>     |                  | <b>City:</b>          |  |
| <b>State:</b>              | <b>Zip Code:</b> | <b>Phone#:</b>        |  |
| <b>Email:</b>              |                  |                       |  |

\*For spouses/partners only.

### Enrollment Instructions:

1. For complete information regarding eligibility, programs, policies, and benefits, visit [www.spfldcol.edu/employeewellness](http://www.spfldcol.edu/employeewellness).
2. Each participant (including spouses) must complete this enrollment form. The completed form should be brought into the Campus Recreation office in person.
3. Upon enrollment you will receive your enrollment gifts and a current program guide.

### Agreement and Waiver:

The undersigned participant agrees that participation in the Springfield College Employee Wellness program shall be undertaken at his/her sole risk and that Springfield College shall not be liable for any injuries, accidents or deaths occurring to the participant, arising either directly or indirectly out of participating in the Springfield College Employee Wellness program. The participant, for him/herself and on behalf of his/her executors, administrators, heirs and assigns, does hereby expressly release, discharge, waive, relinquish, and covenants not to sue Springfield College, its officers and agents for all such claims, demands, injuries, damages or cause of action, with respect to participation in the Employee Wellness program. The undersigned participant agrees to abide by the policies of the Springfield College Employee Wellness program.

**Signature of Applicant:** \_\_\_\_\_ **Date:** \_\_\_\_\_