



**UK Health & Wellness Guest Waiver**

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

Last four digits of SS#: \_\_\_\_\_ D.O.B \_\_\_\_\_ Gender: M F Other

Employee  Retiree  Spouse  Sponsored Dependent Person ID: \_\_\_\_\_

**If a guest, spouse or sponsored dependent, please provide UK employee's name:**

\_\_\_\_\_

I attest that the above information is true and correct to the best of my knowledge. If this information is found to be falsified, it may result in disciplinary action being taken against the employee up to and including termination of this benefit and/or employment (If you are a spouse, sponsored dependent or guest, please provide UK employee's name.)

Department: \_\_\_\_\_ Rm&Bldg: \_\_\_\_\_ Speed Sort: \_\_\_\_\_

(1) Home Phone: \_\_\_\_\_ (2) Work Phone: \_\_\_\_\_ (3) Cell Phone: \_\_\_\_\_

Preferred E-mail: \_\_\_\_\_

Emergency contact: \_\_\_\_\_ Emergency Phone: \_\_\_\_\_

Physician Name: \_\_\_\_\_ Physician Phone: \_\_\_\_\_

**Consent to participate (required)**

The University of Kentucky (UK) offers, as part of its employee benefits, a variety of health promotion programs such as physical activity, fitness, nutrition, weight loss, health coaching, stress and general health programs.

I fully understand and appreciate the risks of participation in the any of the programs, events, classes or fitness facilities offered by UK Health & Wellness, and knowingly accept them as my responsibilities.

I understand that the Health & Wellness Program may collect photographs, audiotape, and/or videotape of wellness sessions for evaluation, publicity and/or internal quality assurance. I hereby give my written permission with the understanding that I will be asked for my permission verbally at the time such reproductions are made.

I understand that all personal information will be held in strict confidence. Any information collected by the University of Kentucky Health & Wellness Program will be protected and I am assured confidential

treatment of data. Any information and data collected by the University of Kentucky Health & Wellness Program may be provided to external vendors as de-identified. This information will be held confidential.

I understand my participation in the Program is voluntary and not a condition for treatment, payment, enrollment or eligibility for benefits and will not affect my benefit coverage.

I understand that the Health & Wellness Program collects, with a participant's permission, data on entry into the Program and periodically thereafter for research purposes, such as program evaluation to improve future programs and services.

If I choose to participate in a fitness-related program, I understand that at the discretion of the Health & Wellness staff I should consult with my physician and get a physician's clearance form signed prior to embarking on any exercise or test program if I am:

- 45 years of age or older and apparently healthy,
- of any age with health factors of concern (e.g., known heart problems). A health history, physical exam, laboratory tests, x-rays, and/or cardiovascular stress test (CVST) are to be performed at the discretion of my physician in the above situations.

In a healthy individual, the risk during exercise is less than the risk of not exercising and I realize that there is inherent risk in any vigorous physical conditioning program such as those offered by the UK Health & Wellness Program. Risks include bruises, sprains, and muscle pulls, along with more serious problems such as heart attacks, heart rhythm abnormalities, and other cardiorespiratory problems.

If I choose to participate in a fitness-related program, I agree to carefully follow the individualized guidelines for exercise participation both within and outside of class and fitness facilities. I am aware that deviation from these guidelines may cause unwarranted risk. I agree to reveal any and all potential medical contraindications to exercise. I am aware that failure to provide adequate information will impair the ability of the Health & Wellness staff with respect to prescribing appropriate individualized exercise programs.

By checking here I acknowledge, consent and agree to the above terms, conditions and provisions.

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Please print full name clearly** \_\_\_\_\_