



Cougar Employee Wellness Program

WASHINGTON STATE UNIVERSITY

Participant Waiver

I, _____, a WSU employee, wish to voluntarily participate in the WSU Cougar Employee Wellness Program (CEWP). In consideration of the opportunity to participate, I voluntarily assume all risks involved in my participation in this program. Participation includes but is not limited to running, walking, standing, observing, lifting, rowing, cycling and jumping. I understand that the Employee Wellness Program and all fitness services will be administered by trained kinesiology professionals, in-line with recommended protocols and procedures from the American College of Sports Medicine (ACSM). <http://www.acsm.org/public-information/acsm-journals/guidelines>. I also understand all CEWP athletic training services will be supervised by certified athletic trainers.

I understand that the above described participation can result in serious personal injury and/or death. In consideration for the opportunity to participate in the WSU Employee Wellness Program, I voluntarily agree to assume all risks involved in my participation. I understand that if I voluntarily participate, I expose myself to risk of personal injury from participating (such as lacerations, bruising, muscle/bone/joint damage, broken limbs, dismemberment, permanent damage to various vital organs, and brain and/or central nervous system damage) and/or death.

I hereby consent to receive medical treatment which may be deemed advisable in the event of injury, accident, and/or illness during this activity.

I also recognize that there are both foreseeable and unforeseeable risks of injury or death that may occur that WSU cannot specifically anticipate and list here.

Release of Liability

I release and hold harmless the state of Washington, the Regents of WSU, WSU, any subdivision or unit of WSU, its officers, employees, and agents, from any and all liability, claims, costs, expenses, injuries and/or losses, that I may sustain as a result of, or connected with my participation WSU Employee Wellness Program event.

I have carefully read this document, understand its contents, and am fully informed about the Cougar Employee Wellness program, the, circumstances of my participation, the American College of Sports Medicine guidelines and protocols and known dangers as well as those that are not anticipated. **I am aware that this document is a contract with WSU. I sign it freely and voluntarily. I am age 18 or above.**

Participant's signature

Date

Participant's Printed Name

INFORMED CONSENT

I understand that participating in **BodPod testing** at the Cougar Employee Wellness Program (CEWP) is voluntary. The purpose of this test is to assess one's body composition. I understand that CEWP personnel rely upon my answers to questions about my physical condition and I certify that I have answered those questions to the best of my knowledge. I understand that testing will consist of sitting in the BodPod as still as possible for approximately 3-4 minutes. I understand that I will be asked and will need to wear skintight clothing during BodPod testing. Before the test, my body mass (weight) will be assessed. I understand that towards the end of the test, I will be breathing briefly into a plastic, disposable tube (located within the BodPod) to estimate lung volume. I understand that all test equipment and supplies have been calibrated, cleaned, and properly prepared for testing by CEWP staff.

The general health benefits associated with regular physical activity include improved health and well-being, improved cardiovascular endurance, improved muscular strength and endurance, and increased flexibility. However, I understand that participating in CEWP testing may result in physical discomfort due to muscle, joint, and/or ligament soreness, fatigue, shortness of breath, and/or injury. I further understand that my cardiovascular response cannot be predicted with complete accuracy and that there is a risk of certain changes occurring during or following exercise. These changes include abnormalities in blood pressure, heart rate, ineffective heart function, and possibly, in some remote cases, heart attack. I understand that I must report any sign or symptom indicating distress to CEWP staff.

In consideration of my voluntary participation in the CEWP exercise testing protocol stated above, I agree to hold Washington State University, its officers, trustees, employees, and agents harmless from any claims for damages resulting from my participation in this program.

Please read this entire document before signing. This releases Washington State University from liability resulting from your participation in the exercise testing program.

Signature of Participant (or parent/guardian)

Date

Signature of CEWP personnel

Date

Client (s)	<input type="checkbox"/> <i>WSU faculty</i>
Name(s): _____	<input type="checkbox"/> <i>WSU staff</i>
Contact Email:	<input type="checkbox"/> <i>Other</i> _____
Contact Phone:	

Method of Payment	<input type="checkbox"/> <i>Cash</i>
	<input type="checkbox"/> <i>Check</i>
	<input type="checkbox"/> <i>Responsible WSU Dept. (IRI)</i> _____
	<input type="checkbox"/> <i>Payroll Deduction</i>

Service	Cost	# of Employees	Total
<i>CEWP Membership (before 11/1/2016)</i>	\$50		
<i>CEWP Membership</i>	\$75		

Total Cost: \$ _____

Client Signature: _____

CEWP Personnel Signature: _____

This questions below are voluntary. You are not required to answer any of these questions. If you choose to answer these questions, your answers will be disconnected from your identity by an objective third party.

I understand the statement above and am voluntarily answering the questions below.

Signature _____

NAME _____

1) What is your specific position at WSU? _____

2) How long have you worked at WSU? _____ years

3) Is your position "full-time"?

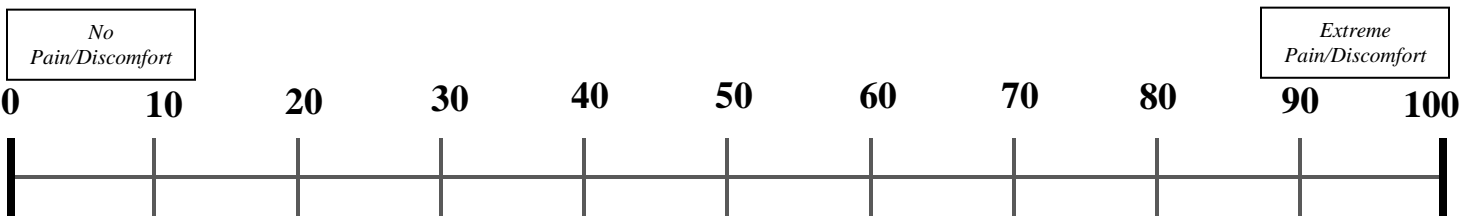
Yes No

4) How many hours per day (on average) do you typically sit at work? _____

5) Do you have pain/discomfort because of sitting at work? Yes No

a. Where in your body is this pain/discomfort located? _____

b. How severe is this typical pain/discomfort? (mark an "X" anywhere on line below)



6) What is your race?

Caucasian African American Asian Hispanic Other _____

7) What is the highest level of education you have completed?

Less than High School High School/GED Associate Degree (2 year)
 Bachelor Degree (4 year) Graduate Degree Other _____

8) What is your estimated annual household income?

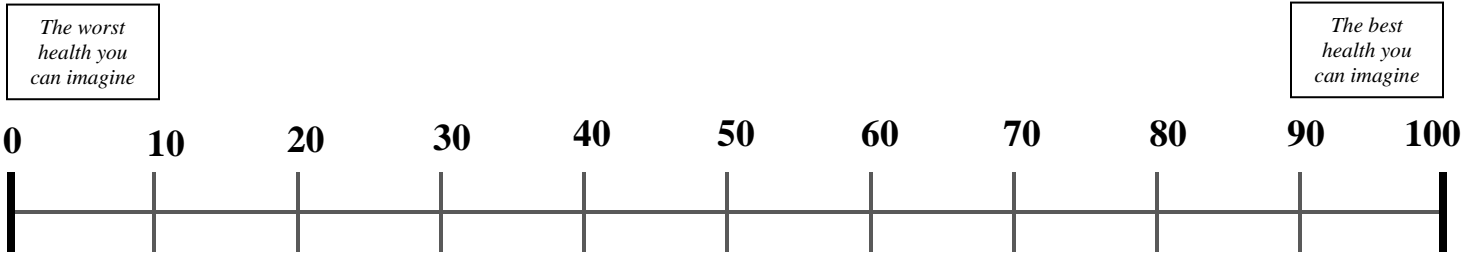
\$10,000-\$30,000 \$30,001-\$50,000 \$50,001-\$70,000 \$70,001-\$90,000
 Greater than \$90,000

9) Do you currently have a "significant other"?

Yes No

10) How many children do you currently care for in your household? _____

How good/bad is your health TODAY? (mark an "X" anywhere on the line below to indicate)



For each category, please mark the box that describes how you feel TODAY.

<u>CATEGORY</u>	No Problems	Slight Problems	Moderate Problems	Severe Problems	Extreme Problems
MOBILITY <i>I have _____ walking about...</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SELF-CARE <i>I have _____ washing or dressing myself...</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
DAY-TO-DAY <i>I have _____ doing my usual activities...</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PAIN/DISCOMFORT <i>I have _____ with pain or discomfort...</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ANXIETY/DEPRESSION <i>I have _____ feeling anxious or depressed...</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>