



Making Wellness Work

City of Concord Wellness Program

2016-2017 Wellness Registration Form

Participant Name: _____ Department: _____
(Please Print Clearly)

I am: an Employee a Spouse **

** If you are the spouse of an employee, please write in Employee's Name _____

In order to participate in the City's Wellflex (Wellness) Program, I understand that the City's health insurance carriers may share a limited amount of information on my participation in their Wellness Programs. I understand that no confidential medical information will be shared. The information that the health insurance carriers may share with the City is:

- The date(s) I have completed a health education course(s), but not the name of the course(s).
- The date(s) I have completed exercise activity.
- The health screening(s) I participated in but not the results of the screening(s). The health care vendor will provide a summary of the entire group's statistics, but no personally identifiable data.

I hereby release the City of Concord, its employees and agents, from any and all responsibilities and claims arising out of any injuries or damages I may suffer as a result of my participation in the City's Wellflex Program. I understand that participation in the City's Wellflex program is strictly voluntary and therefore at my own risk.

This registration form is effective from May 1, 2016 to April 30, 2017.

Signature: _____ Date: _____

Would you like to receive a complete copy of the Wellflex Program Description? Yes No
(You are encouraged to do so. You may also access it on the City's Intranet under Wellflex.)

Are you interested in serving on the Wellness Team? Yes No

Home Email: (Optional): _____