



# **USAG Fort Hood “Fit to Live Program”**

## **Enrollment Packet**

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# EMPLOYEE FITNESS PROGRAM

## USAG Fort Hood Fit to Live Contract

1. I, \_\_\_\_\_ (please print) hereby commit to at least 1 hour, 3x per week, for wellness activities. I will be focused on challenging my abilities in the pursuit of improved physical, mental, social, family and spiritual performance. I understand that my a flex schedule may be maintained

I realize this is an informal contract made with me and my supervisor.

2. I also understand and agree that:

- I have the opportunity to discontinue participation in the program at anytime. However, I will inform my supervisor and the USAG wellness coordinator for tracking purposes.
- An adjusted work schedule may be allowed to permit exercise where possible and when it is consistent with the workload and the mission.
- Exercise sessions may start and stop at any location that I choose.
- Administrative leave (time-off) will not be allotted for participation in the Program.
- I must complete the orientation and pre-assessment to enroll in the Fit to Live Program.
- Assessment opportunities will be available to me on a monthly basis and I am highly encouraged to participate.

Participant Name (Please Print): \_\_\_\_\_

Participants Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I agree to and approve the participation in a scheduled fitness program.

Supervisor's Signature: \_ Date: \_\_\_\_\_

ISD/ISO Signature: \_\_\_\_\_ Date: \_\_\_\_\_

	Monday	Tuesday	Wednesday	Thursday	Friday
Day					
Time					

## Personal Readiness Assessment

Below are items that you should consider BEFORE beginning an exercise program.

Your physical activity readiness is a first step when planning to increase physical activity levels in your life and is for your personal use only.

Although these serve as a basic guideline, should you have any questions you should consult a physician BEFORE beginning an exercise program:

Has a physician ever said you have a heart condition and you should only do physical activity recommended by a physician?
When you do physical activity, do you feel pain in your chest?
When you were not doing physical activity, have you had chest pain in the past month?
Do you ever lose consciousness or do you lose your balance because of dizziness?
Do you have a joint or bone problem that may be made worse by a change in your physical activity?
Is a physician currently prescribing medications for your blood pressure or heart condition?
Are you pregnant?
Do you have insulin dependent diabetes?
Are you 69 years of age or older?
Do you know of any other reason you should not exercise or increase your physical activity?

If you answered 'YES' to any of the above questions, talk with your doctor **BEFORE** you become more physically active. Tell your doctor your intent to exercise and to which questions you answered yes.

If you honestly answered 'NO' to all questions, you can be reasonably positive that you can safely increase your level of physical activity **gradually**.

If your health should change so that you can then answer 'YES' to any of the above questions, seek guidance from a physician immediately.

# MEDICAL APPROVAL BY HEALTH CARE PROVIDER

Patient Name (print): \_\_\_\_\_ Phone: \_\_\_\_\_

has medical approval to participate in the physical fitness component of the Fit to Live Program. I understand that the program includes mild to moderate intensity exercise, and may be conducted in unsupervised groups or individually. I also understand that participation is voluntary, allowing the participant to stop and rest at **any** time he or she desires. Participants will be authorized to exercise at or near the fitness facility on their installation.

If the participant is restricted from performing certain exercises, please list restrictions and suitable exercises that may be substituted in the space provided below.

**The following exercise restrictions and substitutions apply (if none, so state):**

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Health Care Provider's Signature: \_\_\_\_\_ Date \_\_\_\_\_

Provider's Print Name/Stamp: \_\_\_\_\_

Office telephone number: \_\_\_\_\_

Email Address: \_\_\_\_\_

**Participant:** If you answered "YES" to any of the ten key questions on page 4, this form must be completed by your healthcare provider prior to beginning the program.

## **Physical Fitness Program Release/Waiver of Liability**

I know that participating in a physical fitness program can be a potentially hazardous activity. I will not enter this program unless I am medically fit. I assume all risks associated with participating in this program, including, but not limited to injuries related to falls, heart attack, stroke, heat related injuries, contact with other participants, infectious diseases, and equipment conditions.

In consideration of the opportunity to participate in the physical fitness program, I UNDERSTAND AND DO HEREBY AGREE TO ASSUME ALL OF THE ABOVE RISKS AND OTHER RELATED RISKS WHICH MAY BE ENCOUNTERED IN SAID PHYSICAL FITNESS PROGRAM. I do hereby agree to hold the United States Government, its officials, and personnel harmless from any and all liability, actions, cause of actions, claims, expenses, and damages on account of injury to my person or property, even injury resulting in death, which I now have or which may arise in the future in connection with my participation in any other associated activities of the Physical Fitness Program [release and waiver of liability does not prevent me from receiving available emergency medical care or medically-related entitlements routinely available to me if I am military/family member or federal employee.]

I expressly agree that this release, waiver and indemnity agreement is intended to be as broad and inclusive as permitted by the law of the applicable State, and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect. This release contains the entire agreement between the two parties hereto and the terms of this release are contractual and not a mere recital.

I further state that I HAVE CAREFULLY READ THE FOREGOING RELEASE AND KNOW THE CONTENTS THEREOF AND I SIGN THIS RELEASE AS MY OWN FREE ACT. This is a legally binding document which I have read and understand.

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_

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

## USAG Fit to Live Program

- You are not officially enrolled in the USAG Fit to Live Program until you have completed the orientation and pre-assessment.

### Program Schedule

<i>Date</i>	<i>Orientation</i>	<i>Pre-Assessment</i>	<i>Location</i>
1 <sup>st</sup> Wed of each month	0800 hrs- 1000 hrs	1000 hrs – 1200 hrs	SDC, Bldg# 33009 – Room# C212

### *HOW TO ENROLL:*

1. Download the Enrollment Packet.
2. Complete all required forms.
3. If you answered “**Yes**” to one or more questions on the Health History Form, please use the Healthcare Provider Approval Form to obtain medical approval from your provider prior to enrolling in the program. **Must be dated within 30 days of the start of the program.**
4. Obtain Supervisor’s agreement and signature..
5. Meet with Supervisor to develop a plan for success, including workout schedule.
6. Hand carry packet to orientation and pre-assessment.
7. Complete Pre-Assessment according to schedule above.

## **What to Bring and Do for Your Fitness Assessment**

- 1) Drink plenty of water (64 ounces or more) daily for three days before your assessment.
- 2) Eat a light breakfast before coming to the assessment.
- 3) Do not drink caffeine or exercise at least 8 hours before your testing.
- 4) Arrive on scheduled pre-assessment date within the timelines given.
- 5) Bring a pair of exercise shoes and proper workout clothes (t-shirt, shorts, etc.).
- 6) Bring a bottle of water.
- 7) Last, but not least, bring a good attitude and have fun!

## **Order of Events**

- 1) Review of forms
- 2) Resting heart rate, blood pressure testing, health history review
- 3) Height, weight, body mass index (BMI)
- 4) 3 minute step test
- 5) Flexibility test
- 6) Check Out. You will receive your Participant Enrollment Approval Form. If approved you are ready to start the Employee Wellness and Civilian Fitness Program.