



# Jump Into A New Way of Thinking

City of Concord Wellflex Program

## 2014-2015 Wellflex Registration Form

**Please register me for the 2014 - 2015 City of Concord Wellflex Program.**

Participant Name: \_\_\_\_\_ Department: \_\_\_\_\_

I am:  an Employee  a Spouse \*\*

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

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): \_\_\_\_\_

In order to participate in the City's Wellflex 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 June 1, 2014 to May 31, 2015.

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