# Wellness Program Participation Request Form

*[Name of Company] offers our employees a wellness program as an employee benefit. The purpose of the program is to offer our employees resources to keep themselves healthy and well.*

Please complete and submit this form if you would like to participate in [Name of Company]'s Wellness Educational Programs. You may choose from the range of programs listed below.

Your participation is completely voluntary and no wellness program can replace appropriate visits to your physician or other health care provider when needed for diagnosis or treatment. Please be advised that neither [Name of Company] nor anyone associated with the Wellness Educational Programs can assume any responsibility for the diagnosis or treatment of any medical conditions you may have.

**Free Wellness Educational Programs:**

* Stress Management
* Health Eating Habits
* Strength Training
* Benefits of Walking

Please submit the completed form to [Name of Person or Human Resources].

**Employee's Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_**

**Supervisor's Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_**