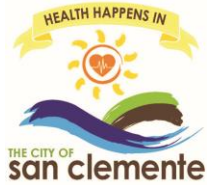




City of San Clemente Wellness Program



Welcome! Please complete the following registration form. Be sure to contact your physician prior to participating in the City's Wellness Program. Use the contact information you prefer to receive wellness related notifications.

Name: _____ **Department:** _____

E-Mail: _____ **Phone:** _____

Address: _____

What Motivates You? (select your annual Wellness Reward, subject to availability)

- City Parking Permit; \$50 recreation program credit; \$50 reimbursement for athletic event or equipment

In order to receive an annual Wellness Reward, 10 monthly activity logs in a calendar year must be emailed to Recreation@san-clemente.org or sent interoffice to the Recreation Division. This can be done with a monthly report from a phone application or by completing the Wellness Log form provided.

How are you interested in staying healthy? (circle all that apply) Bicycling; Competitive Sports; Jogging/Running; Nutrition/Healthy Cooking; Swimming/Aquatics; Walking/Hiking; Weightlifting/Cross Training; Yoga/Pilates; other: _____

I understand that I may not participate in the City of San Clemente's Wellness Program, sponsored by the City of San Clemente unless I have completed and signed this Release of Liability and Registration Form. I recognize that participation in the recreational, social and athletic activities of the Wellness Program is strictly voluntary on my part and is not work-related duty or in any way required by my employment.

I hereby release the City of San Clemente, its officers, officials, employees, agents and assigns from any and all liability and waive any right to bring a claim, demand or cause of action against the City of San Clemente, its officers, officials, employees, agents and assigns now or in the future, arising from or growing out of any and all personal injuries or property damage that may result directly or indirectly from my participation in this program.

I also understand that the Wellness Rewards Program is based on an honor system and that I will be responsible for logging and sharing the types of activities and minutes earned.

- I hereby warrant that I am over eighteen years of age and am competent to agree to the above matter.
- I am under eighteen years of age and understand that the prior consent of my parent or guardian must be obtained before I may participate in the program.
- I also understand the Wellness Program including Parking Passes is for the employee's use only.

Participant Signature: _____ **Date:** _____

If under 18 Years:

Signature of Parent/Guardian: _____ **Date:** _____

I certify that I, _____, am the parent or legal guardian of _____, a minor under eighteen years of age and hereby give my consent that he or she may participate in the City of San Clemente's Wellness Program, under the conditions as set forth above.