



Civilian Fitness Program



Fort Lee Garrison Enrollment Packet

Are you ready to jump start your fitness routine?

Enrollment in the Garrison's Civilian Fitness Program is as easy as 1-2-3!

1. Complete/sign the Civilian Fitness Program contract with your supervisor.
2. Complete/sign the Physical Fitness Program Release/Waiver of Liability and the Physical Activity Readiness Questionnaire.*
3. Complete an initial fitness assessment at Clark Fitness Center.

Email the completed packet to the Civilian Wellness Program Coordinator (usarmy.lee.imcom.mbx.lee-ima-fit@mail.mil).

When your packet is complete, the Civilian Wellness Program Coordinator will send you and your supervisor an enrollment confirmation!

Participants will also complete a final fitness assessment at Clark Fitness Center. These free assessments may be scheduled at trainers@leemwr.com or 734-6994.

The fitness program also includes nutritional education using the Army MOVE! Program, occasional e-newsletters, and classes upon availability.

***note: some employees must obtain medical approval prior to enrollment in the program**

Civilian Fitness Program Contract

Fort Lee Garrison

I commit to regular exercise for one hour, three times per week, for six months. I will focus on challenging my abilities in the pursuit of elevating my physical performance.

I realize enrollment is subject to approval by my supervisor and may be interrupted for immediate work requirements; time allocated for physical fitness is a privilege, not an entitlement. I understand my exercise sessions must consist of command-sponsored physical activities and that abuse or breach of this contract will result in immediate termination from the program. Further, I acknowledge misuse of this time is a workplace infraction and subject to the same disciplinary actions as similar infractions.

This contract is for the one-time enrollment in the Civilian Fitness Program and may not be requested a second time. Should I fail to complete the six-month program, I cannot request to participate in it again. Once enrolled, I am authorized three hours of administrative leave per week for six months to participate in exercise activities using the schedule below, subject to my supervisor's concurrence.

Program start date:

Program end date:

	Monday	Tuesday	Wednesday	Thursday	Friday
Start time					

I will report the administrative leave using code "LN" in Automated Time Attendance and Production System (ATAAPS). If I am on leave status, including sick leave, during the six-month period, I forfeit those administrative leave hours. I understand that unused exercise hours may not be carried forward into subsequent weeks.

Participant's name:

Participant's signature:

Date:

Employees' supervisors must approve participation in the Civilian Fitness Program and certify the participating employee's administrative leave in ATAAPS.

I approve the above employee's participation in a Civilian Fitness Program using the schedule listed.

Supervisor's name:

Supervisor's signature:

Date:

Physical Fitness Program Release/ Waiver of Liability

I fully understand that participating in a physical fitness program is a potentially hazardous activity. I also understand fitness activities involve a risk of injury – including the risk of death or serious disability – and that I am participating in these activities with the full knowledge, understanding, and appreciation of the risk involved. I will not enter into this program unless I am medically fit. I understand and do hereby agree to expressly assume any and all risks associated with participating in this fitness program including, but not limited to, injuries, illnesses, or death related to falls, heart attacks, strokes, heat-related injuries, contact with other participants, and equipment conditions.

The risk of serious injury including, but not limited to, permanent paralysis, injury, and death, is significant and does exist even though particular rules, equipment, and personal discipline may reduce the risk. I knowingly and freely assume all such risks, both known and unknown, even if arising from the negligence or omission of USAG Fort Lee, Department of Defense, US Army, and their officials, agents, employees, contractors, and volunteers or others, and assume responsibility for my participation in any associated activities of the Civilian Fitness Program. I, for myself, my heirs, assigns, personal representatives, and next of kin, do hereby forever waive, release discharge, and hold harmless the United States Government (to include USAG Fort Lee, US Army, and the Department of Defense) and its officials, agents, employees, contractors, and volunteers from any and all liability, actions, causes of actions, claims, expenses, and damages on account of injury to my person or property. 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 do hereby further declare myself to be physically sound and suffering from no condition, impairment, disease, infirmity, or other illness that would prevent me from safe participation in health, fitness, or movement activities. In entering into this agreement with the aforementioned parties, the undersigned acknowledges that this affirmative statement is a material consideration of participation in fitness programs.

I further state that I have carefully read this waiver, release of liability, and assumption of risk agreement, fully understand its terms and significance, and sign it freely and voluntarily without any inducement. I acknowledge, being aware of my own health and physical condition, and having knowledge that my participation in this health and fitness program may be injurious or hazardous to my health or well-being, that my participation is voluntary and with full understanding, acceptance, and assumption of all risks.

This form is an important, legally-binding document that explains the risks I am assuming by taking part in exercise/movement activities. I read and understand this document completely.

Name:

Signature:

Date:

Note: Release and waiver of liability do not prevent me from receiving available emergency medical or medically-related entitlements available to me if I am military/family member or federal employee.

Physical Activity Readiness Questionnaire (PAR-Q)

Name:

Email:

Height:

Weight:

Active:

Sedentary:

Completion of this questionnaire is a first step when planning to increase the amount of physical activity in your life. Please read each question carefully and answer every question honestly:

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:

1. Your doctor must grant you written medical approval to participate in any physical fitness activities under the Civilian Fitness Program.

2. 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 changes so that you can then answer 'yes' to any of the above questions, seek guidance from a physician.

My signature below indicates I either answered 'no' to all aforementioned questions or I have included medical approval by my health care provider.

Participant's signature:

Date:

Participant: If you answered "YES" to any of the ten key questions on the Physical Activity Readiness Questionnaire (page 4), this medical approval form must be completed by your health care provider prior to beginning the program.

MEDICAL APPROVAL BY HEALTH CARE PROVIDER

Patient's name: _____

has medical approval to participate in the physical fitness activities associated with the Civilian Fitness 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:

Provider's name/stamp:

Health care provider's signature:

Date

Office telephone number:

Office e-mail address: