The goal of Employee Wellness is to be a comprehensive wellness program committed to creating and supporting a community of health and wellness at Stephen F. Austin State University for its faculty and staff. As a part of the Campus Recreation program, Employee Wellness offers a balance of services and activities addressing multiple areas of wellness to help employees and the University as a whole achieve and maintain a healthy and balanced lifestyle.

Programs and services currently being offered include; noon drop in basketball, noon open swim, noon open gym supervised by a certified personal trainer, noon yoga, clogging, evening water aerobics, evening yoga, as well as a variety of lecture seminars throughout the semester. Fitness classes are offered in the Health and Physical Education Building (HPE) and lecture seminars are offered at various locations around campus and are free for all current and retired SFA faculty and staff. Special events offered throughout the year include a Blood Drive, Health Fair, lecture seminars, and wellness challenges. We also partner with Aramark to offer professional dietician services for SFA employees. Please visit the Campus Recreation website for registration information, program details, and upcoming events.

Campus Recreation will address the needs of the university employees and continue to grow the program by adding new and innovative programs, services and activities, thus addressing all areas of health and wellness as recognized in the SFA Wellness model found [here](#). We value your feedback as we continue to strive to meet the needs of the university and provide quality, comprehensive programs and services to its employees. Please contact 468-6056 or waguespaja@sfasu.edu with any questions or concerns regarding the employee wellness program.

Yours in Health,

Jessica Waguespack
Employee Wellness Coordinator
Campus Recreation
Employee Wellness Participant Profile

Name: (print) ____________________________________________

CID: ____________________________________________________

Department: ______________________________________________

Circle one:

 Male  Female  Other: __________________________

SFA affiliation:

Faculty/Staff: ___
Retired: _____
Community: ____

Mailing Address: __________________________________________
________________________________________________________________________
Street Apt #
City State Zip

Please insert your contact information below as it will be used by Employee Wellness in order to contact you on updates and class cancellations. Please circle your preferred method.

Phone: ___________________________ Preferred

E-mail: ___________________________ Preferred

**Please make sure to check your e-mail, as we will be sending out updates regularly!**

Physician Name: ___________________________ Phone: ______________

In case of emergency, contact: _______________ Phone: ______________

Signature: __________________________________________ Date:___________
1. In consideration for participating in __________________________________________ and other valuable consideration, I hereby RELEASE, WAIVE, DISCHARGE AND COVENANT NOT TO SUE Stephen F. Austin State University, the Board of Regents, the State of Texas, their officers, servants, agents, and employees (hereinafter referred to as RELEASEES) from any and all liability, claims, demands, actions and causes of action whatsoever arising out of or related to any loss, damage, or injury, including death, that may be sustained by me, or to any property belonging to me, WHETHER CAUSED BY THE NEGLIGENCE OF THE RELEASEES, or otherwise, while participating in such activity, or while in, on or upon the premises where the activity is being conducted or in transportation to and from said premises.

2. I have been advised by Stephen F. Austin State University's Campus Recreation Department to consult with a physician before I undertake any physical activity program. I certify that I am in good health and sufficient physical condition to properly participate in physical activities associated with this program, that I am knowledgeable about the risks of the activities that I will participate in, and that I will properly use all equipment involved in this program. If I do not know how to properly use any piece of equipment I will not use it until instructed how to do so properly and safely by qualified staff. I hereby elect to voluntarily participate in said activity, and to enter the above-named premises and engage in such activity knowing that the activity may be hazardous to me and my property. I VOLUNTARILY ASSUME FULL RESPONSIBILITY FOR ANY RISKS OF LOSS, PROPERTY DAMAGE OR PERSONAL INJURY, INCLUDING DEATH, that may be sustained by me, or any loss or damage to property owned by me, as a result of being engaged in such an activity, WHETHER CAUSED BY THE NEGLIGENCE OF RELEASEES or otherwise.

3. I further hereby AGREE TO INDEMNIFY AND HOLD HARMLESS THE RELEASEES from any loss, liability, damage or costs, including court costs and attorney's fees, that may incur due to my participation in said activity, WHETHER CAUSED BY NEGLIGENCE OF RELEASEES or otherwise.

4. It is my express intent that this Release and Hold Harmless Agreement shall bind the members of my family and spouse (if any), if I am alive, and my heirs, assigns and personal representative, if I am not alive, shall be deemed as a RELEASE, WAIVER, DISCHARGE AND COVENANT NOT TO SUE the above named RELEASEES. I hereby further agree that this Waiver of Liability and Hold Harmless Agreement shall be construed in accordance with the laws of the State of Texas.

5. I UNDERSTAND THAT THE UNIVERSITY WILL NOT BE RESPONSIBLE FOR ANY MEDICAL COSTS ASSOCIATED WITH ANY INJURY I MAY SUSTAIN.

6. I further agree to become familiar with the rules and regulations of the University and not to violate said rules or any directive or instruction made by the person or persons in charge of said activity and that I will further assume the complete risk of any activity done in violation of any rule or directive or instruction.

7. I also understand that I should and am urged by SFA to obtain adequate health and accident insurance to cover any personal injury to myself which may be sustained during the activity or the transportation to and from said activity.

8. I ALSO UNDERSTAND THAT I AM RESPONSIBLE FOR ANY DAMAGE I CAUSE TO THE FACILITIES.

IN SIGNING THIS RELEASE, I ACKNOWLEDGE AND REPRESENT THAT I have read the foregoing Waiver of Liability and Hold Harmless Agreement, understand it and sign it voluntarily as my own free act and deed; no oral representations, statements or inducements, apart from the foregoing written agreement, have been made; I am at least eighteen (18) years of age and fully competent; and I execute this Release for full, adequate and complete consideration fully intending to be bound by same.

IN WITNESS WHEREOF, I have hereunto set my hand on this ________ day of ________________________, 201__.  

_____________________________________________________________
Participant Signature
This questionnaire will help us to understand your personal health goals, motivation level, and exercise experiences. It is also a commitment to three concrete steps towards fitness and health. Should you have any questions, feel free to ask. Your responses will be treated in a confidential manner.

Today's Date: __/__/____        Participant's Printed Name: _________________________

Please indicate your personal health and fitness-related goals:
(Choose all that apply)
[ ] Lose Weight         [ ] Improve Flexibility        [ ] Improve Muscular Balance
[ ] Stop Smoking       [ ] Reduce Stress            [ ] Aerobic Fitness
[ ] Feel Better        [ ] Lower my cholesterol     [ ] Muscular Strength
[ ] General Fitness    [ ] Muscular Size            [ ] Injury Rehab
[ ] Sports Specific    [ ] Look Better             [ ] Other: ______________
- if so which sport(s): ______________

Are you currently engaging in regular physical activity? If so what and how often?

_______________________________________________________________

What health improvements do you need or want?

_______________________________________________________________

Which employee wellness programs are you interested in participating in?
[ ] Open Swim           [ ] Drop In Fitness     [ ] Noon Drop-In Basketball
[ ] Yoga               [ ] Water Aerobics       [ ] Lecture / demo seminars
[ ] Clogging           [ ] Indoor Soccer

Please return to:

Jessica Waguespack
Employee Wellness Coordinator
waguespaja@sfasu.edu
468.6056