



# WELLNESS PROGRAM

SEO

“Satisfying Exercise Opportunity”

# SEO Wellness Procedures

*Wellness is the condition of good physical and mental health, especially when maintained by proper diet, exercise, and habits.*

## **PURPOSE:**

**To encourage employees to become more physically active. It has been shown that employees with more active life styles enjoy increased cardiovascular health, weight loss, stress reduction and better overall health.**

## **REWARDS:**

**The SEO will reward employees that complete six months of program requirements by granting one day of administrative leave.**

## **REQUIREMENTS:**

**To participate in the Wellness Program, you must:**

- 1) Talk to your supervisor about your interest in the Wellness Program.  
*(The program should not interfere with your normal workday activities)*
- 2) Complete the SEO Wellness Questionnaire, SEO Liability Form and Consent Form (forms are included).
- 3) Submit forms to the Wellness Program Coordinator (Melanie Doolin)
- 4) Begin your Wellness Program workout during your free time or break or combined break.  
*Examples of qualifying exercises:*  
*Walking      Aerobic dance      Swimming      Bicycling      Dancing*  
*Cross-country skiing      Running      Jogging      Aquatic exercise*  
*Stair climbing      Elliptical training      Rowing      Weight Lifting*
- 5) Track your physical activity on the SEO Fitness Log and turn in monthly to Wellness Program Coordinator.
- 6) Minimum requirements are that the employee completes 3 hours/week or 13 hours/month of physical exercise.

**3 hrs a week or 13 hrs a month for six months**

**=**

**1 day of ADMINISTRATIVE LEAVE!**

## **SEO WELLNESS PROGRAM PARTICIPANT CONSENT FORM**

I AM BEING ASKED TO READ THE FOLLOWING MATERIAL TO ENSURE THAT I AM INFORMED OF THE NATURE OF THIS PROJECT AND OF HOW I WILL PARTICIPATE IN IT, IF I CONSENT TO DO SO. SIGNING THIS FORM WILL INDICATE THAT I HAVE BEEN SO INFORMED AND THAT I GIVE MY CONSENT. FEDERAL REGULATIONS REQUIRE WRITTEN INFORMED CONSENT PRIOR TO PARTICIPATION IN THIS PROJECT SO THAT I CAN KNOW THE NATURE AND RISKS OF MY PARTICIPATION AND CAN DECIDE TO PARTICIPATE OR NOT PARTICIPATE IN A FREE AND INFORMED MANNER.

### **PURPOSE**

You are being invited to participate voluntarily in a Wellness Program for Wyoming State Engineer's Office (SEO) employees. The program will consist of activities to increase your physical activity. The goal of this project is to increase the level of physical activity of SEO employees through activities such as walking for 30 minutes a day.

### **PRODEDURE**

Your participation will mainly consist of involving yourself in daily physical activities. Specifically, you will be asked to walk or engage in some other physical activity for three (3) hours a week or thirteen (13) hours a month for six (6) months and to keep a weekly log of this activity. Finally, you will be asked to complete one pretest concerning your level of physical activity and your impressions of the SEO program.

Additionally, there will be committee members available to answer questions about the program and to help you participate in program activities.

**Please remember that your participation in this program is strictly voluntary and that you are free to discontinue your participation at any time without bad feelings or in any way affecting your employment or benefits.**

### **RISKS**

The risks of participating in this project should be minimal for most participants as all you will be asked to do is slowly increase your physical activity through walking or other physical activity, and complete a pretest and posttest survey. **However, as with any physical activity program we recommend that you consult with your personal healthcare provider if you have not participated in a physical activity program for some time (e.g., 2-3 years); or if you have been diagnosed with any of the following: cardiovascular disease, cancer (recently and are taking chemotherapy), lung disease such as COPD or asthma, diabetes, hypertension, rheumatoid arthritis, or are taking any immunosuppressant medication.**

### **BENEFITS**

The main benefit of participation in this program is to increase your physical activity and knowledge of wellness issues. Additional benefits **may** include increased cardiovascular health, weight loss, and stress reduction.

### **CONFIDENTIALITY**

While we need your name on a sign up sheet, the data you provide will remain confidential. Your name and wellness information will remain confidential and will not be used in any data analysis or published in any manner. The sign-up sheets will be locked in a secure file cabinet in the office of the human resources manager.

**COSTS AND COMPENSATION**

Your participation in this program is free. There will be no charge to join or participate in any of the activities. You will be given the opportunity to purchase a pedometer for a nominal price; however, this is strictly voluntary and will not affect the rest of your participation in this program. Additionally, individuals who provide their physical activity log sheets to the Wellness Program Coordinator will be entered into drawings for special prizes. Individuals, who engage in activity for three (3) hours a week or thirteen (13) hours a month for six (6) months, will be rewarded with no more than one day of administrative leave or other incentive items.

**LIABILITY**

Complications or harm are possible in any physical activity despite the use of high standards of care and could occur through no fault of yours or the committee involved. State insurance covers all employees while on state property. It does not cover employees once they leave state property; therefore, you will be asked to sign a liability waiver if you plan to participate in any physical activity off of or away from state property. Please understand that you do not give up any of your legal rights by signing this form. If you have any questions as to your participation in this program, please contact, Melanie K. Doolin, at (307) 777-6143.

**AUTHORIZATION**

BEFORE GIVING MY CONSENT BY SIGNING THIS FORM, THE PURPOSE, PROCEDURES, RISKS, AND BENEFITS HAVE BEEN EXPLAINED TO ME, AND MY QUESTIONS HAVE BEEN ANSWERED. I MAY ASK QUESTIONS AT ANY TIME, AND I AM FREE TO WITHDRAW FROM THE PROGRAM AT ANY TIME WITHOUT CAUSING BAD FEELINGS OR EFFECTING SUBSEQUENT MEDICAL CARE. MY PARTICIPATION IN THIS PROGRAM MAY BE ENDED BY THE COMMITTEE FOR REASONS THAT WOULD BE EXPLAINED. NEW INFORMATION DEVELOPED DURING THE COURSE OF THIS PROGRAM, WHICH MAY AFFECT MY WILLINGNESS TO CONTINUE IN THE PROGRAM, WILL BE GIVEN TO ME AS IT BECOMES AVAILABLE. THIS CONSENT FORM WILL BE FILED IN AN AREA DESIGNATED BY THE HUMAN RESOURCES MANAGER WITH ACCESS RESTRICTED TO THE HUMAN RESOURCES MANAGER OR AUTHORIZED REPRESENTATIVE,. I DO NOT GIVE UP ANY OF MY LEGAL RIGHTS BY SIGNING THIS FORM. A COPY OF THIS SIGNED CONSENT FORM WILL BE GIVEN TO ME IF REQUESTED.

*By signing this form I hereby give permission to the Wyoming State Engineer’s Office to use the information provided by me in their data analyses to assist in the development of a program designed to increase physical activity and wellness among SEO employees.*

\_\_\_\_\_  
Subject’s Signature

\_\_\_\_\_  
Date

**WELLNESS PROGRAM COORDINATOR**

The nature of the above project has been explained to the above participant. I hereby certify that to the best of my knowledge the person who is signing this consent form understands clearly the nature, demands, benefits, and risks involved in his/her participation and his/her signature is legally valid. It is also my understanding that a medical problem or language or educational barrier has not precluded this understanding.

\_\_\_\_\_  
Signature of Human Resources Manager

\_\_\_\_\_  
Date

## **Wellness During Break Periods Wyoming State Engineer's Office**

Pursuant to the action memo signed by Governor Dave Freudenthal on March 29, 2004, employees who choose to participate in the Wyoming State Engineer's Office (SEO) Wellness program may consolidate their two daily fifteen (15) minute break periods into one thirty (30) minute period. This policy statement is meant to explain and clarify when and in what manner this thirty-minute break should be utilized in connection with the SEO Wellness program.

*Please remember that the 30-minute break is still part of your normal workday and that you should remain available to your supervisor should they need you for work-related activities. While we encourage you to participate in this program, your participation will require your Division Administrator pre-approval and it should not take priority over your other job-related duties.*

All employees participating in the Wellness Program of the State Engineers Office are expected to adhere to the following guidelines, unless otherwise stipulated.

- All employees that wish to consolidate the break periods for the purpose of participation in the SEO's wellness program must be registered in the program and have their Administrators approval.
- The thirty-minute break period is to be taken for the purpose of participating in Wellness activities. These activities include, but are not limited to, physical activity (e.g., walking, stretching).
- In general, the thirty-minute break period should be taken between the hours of 9:00am and 4:00pm Monday-Friday. *The break period should not be used to arrive thirty minutes late or leave thirty minutes early from work.*
- All individuals who participate in SEO Wellness activities (e.g., walking) will need to sign a SEO Wellness liability waiver. This waiver will release the Wyoming State Engineer's Office from any liability or responsibility for any injury sustained while participating in SEO Wellness activities off of SEO property (e.g., street, park).

WAIVER, RELEASE OF ALL CLAIMS AND HOLD HARMLESS AGREEMENT FOR:  
WYOMING STATE ENGINEER'S OFFICE WELLNESS PROGRAM

PLEASE READ CAREFULLY

Please read this form carefully and be aware that, in signing up and participating in the above program, you will be waiving and releasing all claims for injuries, arising out or sustained while participating in this program off of or away from Wyoming State Engineer's Office (SEO) property.

In registering for the program, you are agreeing as follows:

As a participant in the program, I recognize and acknowledge that there are certain risks however minor, of physical injury, and I agree to assume the full risk of any injuries, including death, damages or loss which I may sustain as a result of participating in any and all activities connected with or associated with such program while off or away from SEO property. I further recognize and acknowledge that activities involving even slight or moderate exertion can be hazardous and involve some risks of injury.

I agree to waive and relinquish any and all claims that I may have as a result of participating in the SEO Wellness Program against the Wyoming State Engineer's Office, any and all other participating or cooperating governmental units, officers, agents, servants and employees of the governmental bodies for any injuries that I might sustain while participating in the program off of or away from SEO property. (The parties described in the preceding sentence are referred to as "released parties" in the remainder of the Agreement).

I do hereby fully release and discharge the Wyoming State Engineer's Office and the other released parties from any and all claims for injuries, including death, damage or loss which I may have or which may accrue to me or my heirs, on account of my participation in the program off of or away from SEO property.

I further understand and agree that the terms such as "participation," "program," and "activities," referred to in this Agreement, include all exercises and physical movements of any nature while I am participating in the program.

I understand the nature of the program for which I am registering, and have read and fully understand this Waiver, Release and Hold Harmless Agreement. I further understand that any advisements or warnings of the particular risks of this program that I subsequently receive will be incorporated by reference into and become a part of this Agreement.

Name of Participant (please print) \_\_\_\_\_

Signature of Participant \_\_\_\_\_ Date \_\_\_\_\_

# SEO Wellness

## Fitness Log

NAME \_\_\_\_\_

Week of:	Amt. of time (30 minute minimum)	Time of day	Activity	Daily total
Sunday				
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				
Saturday				
			<b>Weekly Total:</b>	