



**MAKE A POSITIVE CHANGE TODAY!**

**CIVILIAN**

**FITNESS**

**PROGRAM**

**(AR 600-63, ARMY HEALTH PROMOTION)**

**FOR DEPARTMENT OF ARMY CIVILIANS**

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THE CIVILIAN FITNESS PROGRAM IS A CONTRACTUAL PROGRAM DESIGNED TO ENHANCE THE HEALTH, FITNESS, AND QUALITY OF LIFE OF DEPARTMENT OF THE ARMY CIVILIANS AND LOCAL/HOST NATIONALS WHILE INCREASING ORGANIZATIONAL WELLNESS AND MISSION PRODUCTIVITY.

**ENROLLMENT PACKET DUE AT THE START OF PROGRAM**

Updated September 2021

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# Welcome & Congratulations!!!

*Welcome to the Civilian Fitness Program! This program is completely voluntary and is subject for approval by your supervisory official. We congratulate you on taking the first step to a healthier lifestyle. To enter this program there is no requirement to take an initial health assessment, although we highly recommend and encourage you to call and make an appointment with the Army Wellness Center for an initial fitness assessment to track your progress and enhance your success (see page 9 of this packet for more information).*

*Please take a few minutes to acquaint yourself with the enrollment packet. This packet is designed to inform you about all the steps necessary to enroll in the Civilian Fitness Program. It is important to note that you will not be enrolled in the program unless all paperwork in this packet is completed.*

**\*\*\*If you have any question please email: [usarmy.usag-italy.id-europe.list.CR2C-Civilian-Fitness-Program@mail.mil](mailto:usarmy.usag-italy.id-europe.list.CR2C-Civilian-Fitness-Program@mail.mil) \*\*\***

# Civilian Fitness Steps for Success

## **STEP ONE:**

Click on the link <https://www.surveymonkey.com/r/CivilianFitnessProgram> or scan the QR code below and complete the Civilian Fitness Program Survey.



## **STEP TWO:**

Complete this Civilian Fitness Program Enrollment Packet and submit it to your supervisor.

## **Step THREE (Recommended):**

It is recommended that participants complete an initial fitness assessment conducted by Vicenza's Army Wellness Center. To make an appointment call DSN: 636 -9620 / COMM: 0444-61-9260. More information on AWC can be found on page 9 of this packet.

## **STEP FOUR:**

Congratulate yourself on all the hard work you did in improving your lifestyle!

# Civilian Fitness Program Participation Agreement

**EMPLOYEE REQUEST:** (Complete in entirety, sign, and provide to your supervisor)

I, \_\_\_\_\_ (name) request approval to participate in the Civilian Fitness Program as follows:

\_\_\_ I agree to submit an Administrative Leave request to my supervisor for each fitness activity encounter in the appropriate time management system. I understand I may be granted up to three (3) hours per week (no more than one (1) hour per day,) to participate in the program.

**\*\*Note: Part-time employee's hours will be prorated per the policy.\*\***

\_\_\_ I have read the IMCOM Civilian Fitness and Health Promotion Program policy and agree to comply with all requirements.

\_\_\_ I certify that, to the best of my knowledge, I am not aware of any medical conditions or limitations that would put me at risk of injury or illness while participating in this program.

\_\_\_ I understand that my participation in the program is voluntary. Participation is not an entitlement and is subject to approval by my supervisor as directed by mission requirements.

\_\_\_\_\_  
Employee's Name and Signature

\_\_\_\_\_  
Date

**SUPERVISOR DECISION:** (Mark one action below, complete, and sign)

\_\_\_ The employee has been APPROVED to participate in the program without restriction. However, I retain the right to cancel or amend program participation as necessary, subject to workload and/ or mission requirements.

\_\_\_ The employee's use of regularly scheduled Administrative Leave is APPROVED subject to the following modifications. However, I retain the right to cancel or amend program participation as necessary, subject to workload and/ or mission requirements.

Modifications: \_\_\_\_\_

\_\_\_\_\_  
The requested participation in the Civilian Fitness Program is currently DENIED for the following reason(s):

\_\_\_\_\_  
Supervisor's Name and Signature

\_\_\_\_\_  
Date

# CIVILIAN FITNESS PROGRAM

## RELEASE AND WAIVER OF LIABILITY

I know that participating in a physical fitness program can be potentially hazardous activity. I will not enter this program unless I am medically fit or accept full responsibility to all risks associated with participating in this program, including, but not limited to injuries related to falls, heart attack, stroke, heat related injuries, contact with other participants, infectious diseases, and equipment conditions.

In consideration of the opportunity to participate in the physical fitness program, I UNDERSTAND AND DO HEREBY AGREE TO ASSUME ALL OF THE ABOVE RISK AND OTHER RELATED RISK WHICH MAY BE ENCOUNTERED IN SAID PHYSICAL FITNESS PROGRAM. I do hereby agree to hold the United States Government, its officials, and personnel harmless from any and all liability, actions, cause of actions, claims, expenses, and damages on account of injury to my person or property. Even injury resulting in death, with I now have or which may arise in the future in connection with my participation in any other associated activities of the Physical Fitness Program (release and waiver of liability does not prevent me from receiving available emergency medical care or medically-related entitlements routinely available to me if I am military family member or federal employee.)

I expressly agree that this release, waiver and indemnity agreement is intended to be as broad and inclusive as permitted by 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 further state that I HAVE CAREFULLY READ THE FOREGOING RELEASE AND KNOW THE CONTENTS THEREOF AND SIGN THIS RELEASE AS MY OWN FREE ACT. This is a legally binding document. Which I have read and understand.

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# Personal Readiness Assessment

Below are items that you should consider BEFORE beginning an exercise program. Your physical activity readiness is a first step when planning to increase physical activity levels in your life and is for your personal use only.

Although these serve as a basic guideline, should you have any questions you should consult a physician BEFORE beginning an exercise program:

	Y/N
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, you are advised to speak with your doctor **BEFORE** you become more physically active. Tell your doctor your intent to exercise and to which questions you answered yes and have her/him complete and sign the medical approval by health care provider form on page 8.

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 should change so that you can then answer 'YES' to any of the above questions, we advise that you seek guidance from a physician immediately.

# Medical Approval by Health Care Provider

If you answered 'YES' to any of the questions from the previous page, you are advised to speak with your doctor **BEFORE** you become more physically active. Tell your doctor your intent to exercise and to which questions you answered yes and have her/him complete and sign the below form.

Patient Name (print): \_\_\_\_\_ Phone: \_\_\_\_\_

\_\_\_\_\_ has medical approval to participate in the physical fitness component of 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 are encouraged 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):**

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Health Care Provider's Signature: \_\_\_\_\_ Date \_\_\_\_\_

Provider's Print Name/Stamp: \_\_\_\_\_

Office telephone number: \_\_\_\_\_ Email Address: \_\_\_\_\_





The Army Wellness Center (AWC) is located on the 2<sup>nd</sup> floor of the health clinic. AWC programs help build and sustain good health for soldiers, civilians, and family members.

## Services/Programs

**BodPod  
Body Composition**

**Metabolic  
Assessment**

**Health  
Coaching**

**Unit Assessments &  
Group Classes**

The Army Wellness Center (AWC) - Vicenza provides services, education, and programs that promote sustainable healthy lifestyles. The AWC offers services at no cost to Active Duty service members, DA Civilians, Retirees and family members. No matter your level of fitness or what your health goals may be, we encourage you to make the AWC a part of your fitness journey.

Please call us if you'd like to learn more or make an appointment. DSN 636-9260 | CIV 0444-61-9260