

JRTC AND FORT POLK

CIVILIAN FITNESS AND HEALTH PROMOTION PROGRAM

(CIVFIT-HPP)

ENROLLMENT / PARTICIPATION PACKET



In an effort to establish and sustain a command climate that promotes and reinforces health and wellness for civilian employees assigned to JRTC and Fort Polk, we have established our CIVFIT-HPP at Fort Polk, Louisiana. This enrollment participation packet will facilitate you as you navigate the process to enroll and participate in the JRTC and Fort Polk Civilian Fitness and Health Promotion Program.

Congratulations on making the effort to living and maintaining a healthier lifestyle!

TABLE OF CONTENTS

	Page
Instructions	3
Supervisor / Employee Participation Agreement	4
Release of Liability	5
Medical Approval of Participation Form	6

Instructions

Please follow the instructions carefully to ensure that your file and participation in the JRTC and Fort Polk Civilian Fitness and Health Promotion Program is set up properly

Step One: Employee will have their Health Care Provider complete the Medical Approval Form

Step Two: The employee will complete the Release of Liability

Step Three: Employee and Supervisor will complete the Employee / Supervisor Participation Agreement.

Step Four: Once complete, please forward to the Community Ready and Resilient Integrator at the email below and an enrollment confirmation will be emailed to you and your supervisor. If you have any questions regarding the JRTC and Fort Polk Civilian Fitness and Health Promotion Program process please contact the Community Ready and Resilient Integrator at (337) 531-1191, or Luewana.I.hannon.civ@mail.mil.

I understand that I will not be enrolled into the CIVFIT-HPP until completion of steps one through Four.

Print Employee Name

Employee Signature

Date

Employee and Supervisor Participation Agreement

____ I understand that my participation in the JRTC and Fort Polk Civilian Fitness and Health Promotion Program is strictly voluntary. I understand that I may participate for up to three one-hour sessions each week.

____ I understand that Fort Polk is my assigned place of duty during official work hours used for the program and that I am expected to remain on installation while participating during those hours.

____ I understand that all program-related hours will be used specifically for physical fitness activities targeted at improving fitness levels or body conditioning.

____ I certify that I am not aware of any medical conditions or limitations that would put me at risk of injury or illness while participation in the JRTC and Fort Polk Civilian Fitness and Health Promotion Program.

____ ____ We understand and agree that the following specified exercise location(s) will be the place of duty during authorized exercise:

Specified Location(s): _____

Print Employee Name

Employee Signature

Date

Print Supervisor Name

Supervisor Signature

Date

Release of Liability

I, _____(employee name), am about to voluntarily participate in a physical exercise program. I agree my participation into the JRTC and Fort Polk Civilian Fitness and Health Promotion Program is solely on my initiative and my entry is not orders by management officials, nor is it a condition of employment. In consideration for the permission given to be by the United States and United States Army, I hereby release and forever discharge the United States and the United States Army and (all its officers, agents, employees, and volunteer staff) acting officially or otherwise, from any and all liability, damage, expense, cause of action, suits, claims, or judgments for personal injury, illness, or death or loss or damage to personal property which may arise out of participation in the program as well as any activity incidental to my participation in the Civilian Fitness and Health Promotion Program, I further agree that neither I, nor my heirs, administrators, executors and assignees will ever prosecute or in any way aid in prosecuting any demand, claim, or suit against the United States Government, the U.S. Army and all of its officers, agents, employees and volunteer staff actin officially or otherwise for personal injury, death, or property lost or damage as a consequence of my participation in the program. I have read this entire agreement and accept the conditions stated herein as a requirement to participate in this program.

Print Employee Name

Employee Signature

Date

Medical Approval by Health Care Provider Form

_____ (Employee Name) has medical approval to participate in the physical fitness component of the Civilian Fitness Program. I understand that the participant may be conducting exercises that may be conducted in unsupervised groups or individually. I also understand that participation is voluntary.

If the participant is restricted from performing certain exercises, please list restriction and suitable exercises that may be substituted in the space below.

The following exercise restrictions and substitution apply (if none, state so):

Health Care Provider Name

Health Care Provider Signature

Date