

RC Wellness Worksite Agreement

I _____, am voluntarily enrolling in the RC Wellness Worksite
(print name)

Incentive program that runs from January 1, 2024 through December 13, 2024. All incentive activities will be turned in by December 20, 2024.

I agree that participation in the RC Wellness program is a privilege, not a right. I agree to keep track of my own incentive status, and if needed to be responsible for emailing the Wellness email to find out my personal incentive status. I acknowledge that my enrollment and subsequent participation is purely voluntary, and is in no way mandated by Renville County.

In consideration of my participation in this program, I hereby release Renville County and its agents from any claims, demands, and causes of action as a result of my voluntary participation and enrollment.

I recognize that some of the activities may involve strenuous physical activity including, but not limited to, muscle strength and endurance training, cardiovascular conditioning and training, and other various fitness activities. I understand that it is my responsibility to consult with my primary care physician to determine that I am healthy enough to undertake an exercise program.

I fully understand that if I may injure myself as a result of my enrollment and subsequent participation in this program, I hereby release Renville County and its agents from any liability now or in the future for conditions that I may obtain. These conditions may include, but are not limited to, heart attacks, strokes, muscle strains, muscle pulls, muscle tears, broken bones, shin splints, injuries to knees or other joints of the body, injuries to back, injuries to a foot, heat prostration, or any other illness or soreness that I may incur, including death.

I agree to participate in as many activities as I choose, but will only be credited for one activity in each Tier. Total amount of incentive monies I can earn is up to \$500.00 to be put in an HSA or VEBA no later than the first pay period in February 2025. I agree to email wellness@renvillecountymn.gov with proof of any activity I have completed that does not have a sheet for submission with my name on it. For example: blood drives, Convene webinars, external committees and activities, etc.

I HEREBY AFFIRM THAT I HAVE READ AND FULLY UNDERSTAND THE ABOVE STATEMENTS AND HAVE READ THE RENVILLE COUNTY WORKSITE WELLNESS DOCUMENTATION.

Employee

Date

I am enrolled in county health insurance and would like the incentive monies put:

HSA

VEBA

OR I am not enrolled in county health insurance and I understand the incentive monies will be put in a VEBA that is frozen (can be used after employment).