

WellCats

Name (Print): _____ Date: _____

Birthdate: _____ Net ID: _____ Phone Number: _____

Department: _____ Office Building: _____

Self-Identified Gender:

- Male
- Female
- I would rather not say

Employment Status:

- Faculty
- Staff

WellCats, the Texas State Employee Wellness Program, is **FREE** to all employees and includes unlimited access to Lunch 'n Learn sessions covering a variety of wellness topics, open swim at the Aqua Sports Center, open racquetball at Jowers Center, health-related physical fitness testing and feedback, health behavior coaching, nutrition consultation, group fitness classes held at a variety of locations throughout campus, and much, much more.

Registration Process - To be eligible to participate in this free program:

1. Complete online registration -

<https://tim.txstate.edu/hhptotalwellness/Home.aspx>

- 2. Complete two forms found on pages 2 thru 5 of this document:** (a) General Release and Waiver and (b) Personal Health Appraisal. (*Note.* The Consent Form and Nutrition and Physical Questionnaire are optional.)
- 3. Submit the completed forms** via campus mail (or hand-deliver) to Carolyn (Clay) Swearingen, Department of Health and Human Performance.

Note. Members only need to register once, but will have to update certain forms annually.

GENERAL RELEASE AND WAIVER

Name (Print): _____

Program: WellCats

Releasees: The Texas State University System, Texas State University, their regents, employees, agents, servants, representatives, executors, officers, graduate assistants and student workers (hereafter Released Parties).

Release: In consideration for facilitating my participation in the above-described program, I hereby release, waive, and forever discharge the Released Parties in both their official and individual capacities, of and from any and all claims, and causes of action of any kind whatsoever, including but not limited to claims and causes of action for personal injury, including death, property damage, and loss of use, at common-law, statutory, contractual or otherwise which I now have or may have, known or unknown, now existing or that might arise hereafter directly or indirectly attributable to the above-described program, this being intended to release all claims and causes of action of any kind, whether or not caused by the negligence of the Releasees, which I might have against the Released Parties arising from my participation in the above-described program.

Risks: To the best of my knowledge, I can participate in the above-program. I am aware of the risks and hazards connected with the program, and I elect to participate voluntarily and engage in this program knowing that the program may be hazardous to my property and my person and may cause me injury or harm, including death. I voluntarily assume full responsibility for property loss or damage, and for personal injury, including death, that I may sustain as a result of being engaged in this program, whether or not caused by negligence of Releasees.

Indemnity: I also agree to indemnify and hold harmless the Releasees from any loss, liability, damage, or costs, including court costs and attorney's fees, that they may incur due to my participation in the program whether caused by the negligence of Releasees or otherwise. For example, I specifically agree to indemnify and hold harmless the Releasees from losses they may incur as a result of my injuring another person or damaging another person's property while participating in the program.

Safety: I give Releasees authority to take whatever action they determine advisable regarding my safety and health during my participation in the above-described program.

Intent: I intend that this General Release and Waiver bind not only me, but also the members of my family and my spouse (if any), if I am alive, and my heirs, assigns, and personal representatives, if I am not alive. I intend this as a release, discharge, and promise not to sue Releasees. I further agree that this General Release and Waiver should be construed in accordance with the laws of the State of Texas.

Free Act: I acknowledge that I have read this General Release and Waiver. I understand it and sign it voluntarily as my own free act. No representations, statements, or inducements, apart from those stated in this agreement, have been made. I sign this agreement after having received adequate consideration, and acknowledge that it is a binding Release and Waiver.

Photographs: I give the Releasees authority to take photographs and movie images during my participation in above-described program and agree that Releasees may use the photographs and movie images in publications, such as fliers, local newspapers, the program web-site, and presentations promoting the above-described program.

Release: I release, discharge and agree not to sue Releasees for any claims relating to the capturing of my image name or voice. I intend this Release also to bind the members of my family, my heirs, assigns and personal representatives. This release includes all claims, whether or not caused by Releasees negligence.

Indemnity: I also agree to indemnify and hold Releasees harmless from any loss, damage, liability, costs, or attorney fees that they may incur from the Releasees use of my image, name, or voice.

Signature of Participant: _____ Date: _____

Personal Health Appraisal

Yes	No	History of Heart Disease – Have you experienced:
<input type="radio"/>	<input type="radio"/>	A heart attack?
<input type="radio"/>	<input type="radio"/>	Heart surgery?
<input type="radio"/>	<input type="radio"/>	Cardiac catheterization?
<input type="radio"/>	<input type="radio"/>	Coronary angioplasty (PTCA)?
<input type="radio"/>	<input type="radio"/>	Pacemaker/implantable cardiac defibrillator/rhythm disturbance?
<input type="radio"/>	<input type="radio"/>	Heart valve disease?
<input type="radio"/>	<input type="radio"/>	Heart failure?
<input type="radio"/>	<input type="radio"/>	Heart transplantation?
<input type="radio"/>	<input type="radio"/>	Congenital heart disease?
Yes	No	Current Health Status – Do you have:
<input type="radio"/>	<input type="radio"/>	Diabetes?
<input type="radio"/>	<input type="radio"/>	Lung disease?
<input type="radio"/>	<input type="radio"/>	Asthma? What conditions (e.g., exercise, pollen, etc.) bring on an attack?
<input type="radio"/>	<input type="radio"/>	Kidney disease?
<input type="radio"/>	<input type="radio"/>	Liver disease?
Yes	No	Signs or Symptoms Suggestive of Cardiovascular, Pulmonary, or Metabolic Disease – Do you:
<input type="radio"/>	<input type="radio"/>	Experience discomfort or pain in chest, neck, jaw, or arms?
<input type="radio"/>	<input type="radio"/>	Experience shortness of breath or unreasonable breathlessness at rest or with mild exertion?
<input type="radio"/>	<input type="radio"/>	Experience dizziness, fainting, or blackouts?
<input type="radio"/>	<input type="radio"/>	Experience difficulty breathing when lying flat or when sleeping?
<input type="radio"/>	<input type="radio"/>	Experience ankle swelling?
<input type="radio"/>	<input type="radio"/>	Experience forceful or rapid heartbeats?
<input type="radio"/>	<input type="radio"/>	Experience a type of pain in the legs or arms that is brought on by exercise and quickly subsides (within 1 to 2 minutes) once you stop exercising?
<input type="radio"/>	<input type="radio"/>	Have a known heart murmur?
<input type="radio"/>	<input type="radio"/>	Experience unusual fatigue or shortness of breath with usual activities?
<p>If you answered “No” to all questions listed above, then proceed to the questions on the next page. If you answered “yes” to any of the questions listed above, then we recommend that you receive approval from your healthcare provider before participating in the Employee Wellness Program. Would you like for us to provide you with a medical referral form to take with you the next time you see your physician? (Check one of the two boxes provided below.)</p> <p><input type="checkbox"/> Yes. Please send me a medical referral form. I plan to see my healthcare provider before participating in the Employee Wellness Program.</p> <p><input type="checkbox"/> No. I understand it is recommended that I see my healthcare provider before participating in the Employee Wellness Program, but I assume the risk and choose to participate without seeking approval. _____ (initials)</p>		

Yes	No	Cardiovascular risk factors:
<input type="radio"/>	<input type="radio"/>	Do you smoke, have you quit smoking within the last 6 months, or are you exposed to environmental tobacco smoke (i.e., second-hand smoke)?
<input type="radio"/>	<input type="radio"/>	Have you been diagnosed with high blood pressure, or do you take blood pressure medication? (Mark “Yes” if you do not know your blood pressure).
<input type="radio"/>	<input type="radio"/>	Have you been diagnosed with high cholesterol levels, or do you take cholesterol-lowering medication? (Mark “Yes” if you do not know your cholesterol.)
<input type="radio"/>	<input type="radio"/>	Has your father or brother experienced a heart attack, heart or blood vessel surgery, or sudden death from a heart attack or stroke before age 55, or has your mother or sister experienced a heart attack, heart or blood vessel surgery, or sudden death from a heart attack or stroke before age 65?
<input type="radio"/>	<input type="radio"/>	Have you been diagnosed with high blood sugar, or do you take medicine to control your blood sugar? (Leave blank if you do not know anything about your blood sugar levels.)
<input type="radio"/>	<input type="radio"/>	Have you been physically inactive for at least the last three months (i.e., do you get less than 30 minutes of physical activity on at least 3 days per the week)?
<input type="radio"/>	<input type="radio"/>	If you are a male, are you 45 years or older?
<input type="radio"/>	<input type="radio"/>	If you are a female, are you 55 years or older (or have you had a hysterectomy or are you postmenopausal)?
<input type="radio"/>	<input type="radio"/>	Is your body mass index (BMI) 30 kg/m ² or greater? (Leave blank if you do not know anything about your body mass index.)

What is your height? ____ feet ____ inches

What is your weight? ____ pounds

Yes	No	Other health issues that may warrant physician approval before engaging in physical activity.
<input type="radio"/>	<input type="radio"/>	If you are a female, are you pregnant or do you think that you might be pregnant?
<input type="radio"/>	<input type="radio"/>	Have you ever been told not to exercise by a healthcare provider? If yes, please elaborate and let us know if you have since been cleared to exercise.
<input type="radio"/>	<input type="radio"/>	Do you have problems with your muscles, bones, or joints? If yes, please elaborate.
<input type="radio"/>	<input type="radio"/>	Do you have concerns about your safety during exercise? If yes, please elaborate:

Are you taking **prescription** medications? If so, please list by printing clearly:

Medication	Dosage	Usage

I certify that the information included on this form is correct.

Date

Signature of Employee Wellness Program Participant

Date

Signature of Employee Wellness Program Staff

(Office Use Only)	Risk Status:	<input type="radio"/> 1. Low	<input type="radio"/> 2. Moderate	<input type="radio"/> 3. High
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11. What is your usual speed? (Choose only one)
- casual strolling or walking (less than 2 miles an hour)
 - average or normal (2-3 miles an hour)
 - fairly fast (3-4 miles an hour)
 - very fast (more than 4 miles an hour)
 - don't know

Not including walking outside the home, *how often each week (7 days)* do you usually do the exercises below?

12. **STRENUOUS OR VERY HARD EXERCISE** (you work up a sweat and your heart beats fast). For example, aerobic dancing, jogging, tennis, swimming laps.

- None
- 1 day per week
- 2 days per week
- 3 days per week
- 4 days per week
- 5 or more days per week

13. How long do you usually exercise strenuously like this at one time?

- less than 20 minutes
- 20-39 minutes
- 40-59 minutes
- 1 hour or more

14. **MODERATE EXERCISE** (not exhausting). For example, biking outdoors, using an exercise machine (like a stationary bike or treadmill), calisthenics, easy swimming, popular or folk dancing.

- None
- 1 day per week
- 2 days per week
- 3 days per week
- 4 days per week
- 5 or more days per week

15. How long do you usually exercise moderately like this at one time?

- less than 20 minutes
- 20-39 minutes
- 40-59 minutes
- 1 hour or more

16. **MILD EXERCISE**. For example, slow dancing, bowling, golf.

- none
- 1 day per week
- 2 days per week
- 3 days per week
- 4 days per week
- 5 or more days per week

17. How long do you usually exercise mildly like this at one time?

- less than 20 minutes
- 20-39 minutes
- 40-59 minutes
- 1 hour or more

18. In a typical week, how many times do you engage in **MUSCLE-STRENGTHENING** physical activity such as resistance training, body-weight exercises, including weight training and working with resistance bands, as well as doing calisthenics that use body weight for resistance (push-ups, pull-ups, and sit-ups)?

_____ times per week

19. On average, about how long do you do these strengthening leisure-time physical activities each time?

_____ minutes each time

CONSENT FORM
Release of Information

Purpose: As a participant in the Texas State Employee Wellness Program, you are probably aware that we are collecting many different forms of data to provide you with feedback and evaluate our program. The purpose of this consent form is to provide you with information so that you can make a choice as to whether the data that we collect can be used for research, as well. This research will help in measuring the feasibility and overall effectiveness of a wellness program in a university setting. The primary researchers are Dr. Janet Bezner, Dr. Sylvia Crixell, and Dr. Lisa Lloyd, all of Texas State University. If you have any questions, Dr. Lisa Lloyd can be contacted via email at LisaLloyd@txstate.edu or by phone at 512-245-8358.

Benefits: The data will be used to inform future interventions about how to deliver an effective worksite wellness program in a university setting, including at Texas State University. If we can show that a worksite wellness program offered at a university setting is cost-effective, then it is our expectation that more universities will adopt a similar model and thereby enhance the lives of their employees. You can help us with this effort by allowing us to compile your data in our research.

Risks and Confidentiality: The only risk of allowing us to use your data for research is a small chance of breach of confidentiality. This is unlikely because only the faculty researchers and research associates assisting with the delivery of the Texas State Employee Wellness Program will have access to your personal health appraisal, health assessments, and participation (e.g., attendance at group exercise classes and education workshops). Furthermore, your responses to program improvement surveys will be collected anonymously. All data will be kept in a locked cabinet in Dr. Lloyd's office for a maximum of five years and, at that time, the files will be destroyed. You will also receive copies of the results from your personal health appraisal and any wellness assessment that you participate in but *no one* associated with Texas State management or Human Resources will see your data. The results of this research will likely be presented at academic conferences and may be published in an academic journal. These results will only be reported as averages for large groups of people. **Your name will never be included and your individual results or scores will never be revealed to anyone.**

Incentives: The program is free to all Texas State employees; however, there is no incentive for releasing your data for purposes of research.

Rights: This form provides you with information so that you can make a decision as to whether the data from your personal health appraisal, fitness assessments, and attendance records, and responses to program quality and effectiveness via focus groups and/or surveys can be used for research. However, you do not have to release your data in order to participate in the Texas State Employee Wellness Program. Participation in this research project is voluntary and you may withdraw from the program at any time. Additionally, you can withdraw your data from the study at any time and for any reason. There will be no negative consequences from Texas State if you choose to withdraw from the study or withdraw your data from the study.

IRB: This request to use your results for research has been approved by the Texas State University's Institutional Review Board (IRB) as IRB reference number #CON2015T920. For questions regarding the approval process or your rights under the protection of the IRB, please call Dr. Jon Lasser at 245-3413 (lasser@txstate.edu) or Ms. Becky Northcutt at 245-2102 (sn10@txstate.edu).

Signatures: Your signature below as well as the inclusion of your legibly printed name indicates your willingness to release your results for research. You will be provided a duplicate copy of this form, which you should keep for your personal records. A summary of the findings will be provided to you upon request and completion of the study.

Your **Printed Name**

Your **Signature**

Lisa Lloyd, Ph.D.