

**CIVILIAN EMPLOYEE FITNESS PROGRAM**  
**VOLUNTARY WAIVER FOR PARTICIPATION AND CONSENT FORM**

I, \_\_\_\_\_, desire to participate in the command Work/Life Program in order to improve my general well-being.

I understand this program:

- Is voluntary.
- Provides me an opportunity for exercise and health and wellness information.
- Empowers my supervisor to approve my exercise options and hold me accountable to what was agreed upon.
- Empowers me to plan, execute and manage my own exercise options within the imposed constraints listed below and job workload. I understand participation in this program does not provide me the means to arrive late or depart early from my workplace.

I also understand that:

- Consulting my physician before beginning any exercise program is a wise decision.
- The command will grant me 59 minutes per exercise session. Any additional time will be contingent upon me matching an equal amount of personal time such as lunch periods, leave, or extension of workday as annotated in 5d of this instruction. Any unused time may not be accumulated. My continued participation beyond that described above will be through flexible work scheduling and leave usage, with prior approval of my supervisor. This time includes workout, shower/grooming, and return to worksite. I understand if I choose the end of the day for this program, I am required to report back to work prior to securing. I will use enclosure (2) to record my activities and will submit completed form to the Health and Wellness Coordinator (HWC) at the end of each month.
- I will conduct my exercise program within the confines of Naval Base Ventura County Port Hueneme.

I further understand I must report promptly to the HWC any problems or constraints associated with my ability to participate. I will work closely with the HWC to ensure full understanding of my exercise options is sustained.

I am requesting the following periods for my fitness program (circle options):

Monday                      Tuesday                      Wednesday                      Thursday                      Friday

I have read and understand contents of this consent form and understand failure to adhere to the conditions set forth in this instruction will cause me to be removed from participation.

Employee: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Health and Wellness Coordinator: \_\_\_\_\_