



CORPORATE
WELLNESS

VASA Corporate Wellness Enrollment Form

WSD Employee Number: _____ (Required)

Name: _____

Address: _____

City: _____ **Zip Code:** _____

DOB: _____ **Phone Number:** _____

Email: _____

*** **Emergency Contact:** _____ **Phone:** _____ ***

Family Add On: _____ **DOB:** _____ **Ph#:** _____

Family Add On: _____ **DOB:** _____ **Ph#:** _____

Family Add On: _____ **DOB:** _____ **Ph#:** _____

Family Add On: _____ **DOB:** _____ **Ph#:** _____

Family Add On: _____ **DOB:** _____ **Ph#:** _____

I hereby authorize Weber School District to deduct from my paycheck the amount billed by Vasa Fitness as due for the membership plans for which I subscribe. I understand the amount deducted from my paycheck may be subject to changes in accordance with the plan(s) for which I have subscribed and to which I may become entitled. I understand that the amount to be deducted from my paycheck may be subject to change without further authorization from me. These changes may result in an increase or decrease of my paycheck deductions without requiring further written authorization from me. I further understand that upon my revocation of the authorization in writing, or by Vasa Fitness, or by Weber School District, the balance of any amount owed becomes my responsibility. I hereby release Weber School District and its employees from any and all damages and causes of action I have or may hereafter have against the District or its employees as a result of this salary reduction. In the event the District fails to appropriately deduct from my salary the amount shown above, my only recourse against the District and its employees is the correction of said act by a later deduction. I hereby release the District and its employees from and against all other right to recover for any additional damages.

Signature: _____ **Date:** _____



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VASA Corporate Employee Waiver

DISCLAIMER Of LIABILITY. I represent:(a) that my participation in the wellness program, whether I take part in activities on a group or individual basis, is at my own risk; and (b) I understand that taking part in physical exercise, sport, fitness, and other recreational or physical activities comes with an inherent risk of injury damage, illness, or loss of persons and property; and will not hold Corporate Wellness by VASA responsible in the occurrence of such an event; and (c) that I am in good physical condition and have no disability, illness or other condition that could prevent me from exercising without injuring myself or impairing my health; and (d) that I have been advised to consult a physician concerning an exercise program that will not risk injury to myself or impairment of my health and that I have in fact consulted a physical for that purpose and I understand that the Wellness Program does not provide medical advice or diagnosis and is not intended as a substitute for a licensed physician; and (e) I will read and follow the rules for any activities that I participate in, including reading the directions for any exercise or other equipment, and will follow the rules or instructions to the best of my ability.

Signature: _____ Date: _____