UC Davis Health

WorkStrong Participant Agreement



Participant Name & Signature	Date
I understand that my fitness trainer may get my best to follow the agreed fitness plan	give me exercises to do at home, and I will do
 I have received contact information for m Survival Skills Workshop facilitator and th 	
 I understand that (2) two No-Call/No-Show WorkStrong program 	ws can result in termination from the
 I understand that I am asked to give a 24- appointment either directly with my train 	
 I understand that WorkStrong appointment Friday, during off work hours 	its can be scheduled any time, Monday to
 I understand that all appointments must be work, after work, during breaks, or on a contract. 	·
available to participants are completely o	ry wellness program, and all the services optional