2008 Juniata Wellness Rewards Program
Participant Agreement

I, _____, agree to volunteer to be part of the Juniata Wellness Rewards Program.

I will be honest in documenting activities on my Activity Form. I agree to return the form by the 10th of each month to Human Resources. I understand that if I do not return the form by the 10th of the month, any activity logged will not be counted.

I will provide encouragement to myself and others who may benefit from taking care of themselves.

_____ _____
Participant Date

Extension at work _____