An Invitation to Take the CHALLENGE

Join our journey toward better health here at The County of York by participating in the 10,000 STEP CHALLENGE™.

The 10,000 STEP CHALLENGE is a 10-week lifestyle improvement program to help you become more physically active by using a pedometer to track the number of steps you take each day. The U.S. Department of Health and Human Services estimates the cost to treat illness and chronic disease caused by inactive lifestyles is nearly $1,000 for every family in America, every year. Regular physical activity has significant health benefits, including lowering the risk of developing or dying from cardiovascular disease, high blood pressure or type 2 diabetes, and improving the health of muscles, bones and joints. Each step you take will instantly record on the pedometer, which will help motivate you to work on increasing your everyday activity and remind you of the health improvements you are making.

What is the 10,000 STEP CHALLENGE?
You don’t have to walk 10,000 steps to join the challenge. Anyone who is interested in increasing their physical activity, becoming more fit, managing their weight, feeling more energetic, or making lifestyle changes can participate. Any increase in steps is considered a success. So join us…no matter where you are.

When you sign up for the challenge, you’ll receive a participant guide with tracking logs and great tips for increasing your steps. You’ll also find posters throughout the company to help inspire you and provide practical tips.

How do I get started?
To participate in the 10,000 STEP CHALLENGE, complete the form below, and submit it along with the Consent, Waiver and Release form. You are required to sign the consent form to participate. All registration and consent waiver forms must be sent to Human Resources via inter-office mail only.

There is no initial cost to participate in the 10,000 Step Challenge. If you wish, you can purchase a pedometer at a cost of $13.00 each; the 10,000 step challenge guide book is also available at no cost.

Sign up today!
10,000 Step Challenge

How to Register

To register, please complete, read, sign and return the Program Registration and Consent, Waiver and Release forms. You must sign the Consent form to participate.

Your 10,000 STEP CHALLENGE materials are available for pickup June 18, 2012 – June 22, 2012 (8am -4:30 pm) in the Human Resources Department, at the York County Administrative Center. If you are unable to pick up your materials, they will be sent to your work site.

The 10,000 STEP CHALLENGE runs from June 25, 2012 thru August 31, 2012.

If you have any questions please contact Sherrona Lawrence at snlawrence@yorkcountypa.gov

< Detach Here

10,000 STEP CHALLENGE Registration Form

Employee #: ___________ Name: ____________________________________________________________

Department/Location: __________________________________________________________________

Phone #: __________________________ Email: ________________________________________________

☐ Yes, I would like a 10,000 Step Challenge Pedometer ~ $13.00

☐ Yes, I would like a 10,000 Step Challenge Guide Book ~ Free

Please make checks payable to: The County of York General Fund

Registration deadline: May 29, 2012

When complete, detach and return to: Human Resources Office
CONSENT, WAIVER AND RELEASE

I, the undersigned, have enrolled in the above-named Program (Program), as provided by the above-named Worksite Account (Worksite Account). I understand that it is a self-directed program, and that I am responsible for following the Program’s directions. I further understand that the Program may include physical activity, and that any physical activity may have injury and health risks associated with it. I have had an opportunity to review the Program materials, and to ask my Worksite Wellness Coordinator questions about the Program.

I understand that the Program is not designed to diagnose or treat medical conditions of participants in the Program, or to replace either medical advice or medical treatment that I receive from my physician. I further understand that although participating in the Program may have a positive effect on my health and well-being, it may also aggravate or adversely affect any medical condition I may have, or cause another medical condition(s) to occur. I acknowledge that I have been informed of the need for my physician’s approval to participate in the Program. I have confirmed with my physician that it is appropriate for me to participate in the Program, or have decided to participate in the Program without my physician’s approval; and I assume responsibility for participation without such approval. I understand that I am responsible for reporting to my Worksite Wellness Coordinator any type of discomfort, pain or other symptom I experience, or if I feel any activity is not safe for me. In any event, I will cease participation in the Program until I feel that it is safe for me to proceed. I agree to follow all Program guidelines and policies.

By signing below, I certify that I am choosing to participate voluntarily in the Program, and that my physical condition allows me to participate in the Program. I assume all risk and responsibility for any and all accidents, injuries, illnesses and conditions of any kind that I might sustain by reason of my participation in the Program.

By signing below, I hereby waive and release, on behalf of myself and my heirs, executors, administrators and assigns, as applicable, the Program, the Program sponsor, my employer, my health plan, and each of their respective insurers, administrators, agents and subcontractors, and their respective subsidiaries, affiliates and agents, and any other organization participating or involved in providing or promoting the Program, or any component thereof, including, without limitation, their respective owners, directors, officers, employees, agents and representatives, with respect to, any and all claims, suits, losses, damages, liabilities, judgments, amounts paid in settlement, costs or expenses (including, without limitation, attorneys’ fees and disbursements), and any amounts paid in connection therewith (individually, claim, or collectively, claims), arising in any manner from my participation in the Program, or from any resulting accident, injury, illness or condition; and I agree to indemnify, defend and hold harmless any and all of the foregoing from and against any and all such claims. This waiver and release shall survive forever.

Nothing in this Consent, Waiver and Release is intended to waive or release ordinary health claims or other insurance claims (such as, for example, workers’ compensation claims) appropriately brought.

By signing below, I acknowledge that I have read the foregoing in its entirety and that I fully understand the risks and liabilities involved. I hereby consent to participate in the Program.

Employee #:__________________

Department Name:______________________________

Print Name:____________________________________

Signature:_____________________________________

Date:__________________________________________