



DEPARTMENT OF THE ARMY  
US ARMY INSTALLATION MANAGEMENT COMMAND  
HEADQUARTERS, UNITED STATES ARMY GARRISON, FORT LEE  
3312 A AVENUE, SUITE 208  
FORT LEE, VIRGINIA 23801

REPLY TO  
ATTENTION OF

FORT LEE POLICY NO. 02-11

IMLE-ZA

FEB 6 2012

MEMORANDUM FOR SEE DISTRIBUTION

SUBJECT: Civilian Fitness Program Policy Letter

1. References.

- a. Civilian Personnel Employee Wellness Program, <http://cpol.army.mil/library/permis/593.html>.
- b. AR 600-63, Army Health Promotion, 7 September 2010.
- c. IMCOM Command Policy # 17 – Civilian Wellness, 17 June 2010.

d. Installation Management Campaign Plan v4, Line of Effort 3 – Leader and Workforce Development, November 2011.

2. Purpose. To encourage civilian employees to reach a state of good physical, mental, and emotional health by providing them resources to develop and maintain appropriate diet, exercise, and other lifestyle modifications.

3. Scope. This policy applies to all United States Army Garrison Fort Lee civilian employees.

4. Policy. This policy pertains to the physical fitness pillar of the Civilian Wellness Program. The Garrison's Civilian Fitness Program consists of two parts – diet and exercise – and is limited to a one-time, six month period.

a. Diet. Proper nutrition plays a vital role in maintaining total fitness. The Army developed and tailored the *MOVE!* program to meet individuals' needs. *MOVE!* provides guidance on nutrition and physical activity. Army *MOVE!* health care instructors provide continual support and follow-up. Participants should register for this free program at <https://www.us.army.mil/suite/page/294460>. The Civilian Wellness Program Coordinator will also provide other nutritional education information.

b. Exercise. Regular exercise supports physical and mental well-being. Civilian Fitness Program enrollees may participate in the one-time, six month program to jump start their exercise regimen; civilian employees may only participate once during their Government career. The program allows civilian employees to use up to three hours of administrative leave per week to participate in command sponsored physical exercise training, monitoring, and/or education. Participants and their supervisors sign a written contract which outlines the proposed exercise schedule and articulates the mutual agreement regarding participation; the time allotted for physical fitness is a privilege – not an entitlement – and an employees' abuse or breach of contract (i.e., not participating in an appropriate exercise activity during the allotted time) will result in immediate termination from the program.

IMLE-ZA

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(1) Civilian Fitness Program participants will:

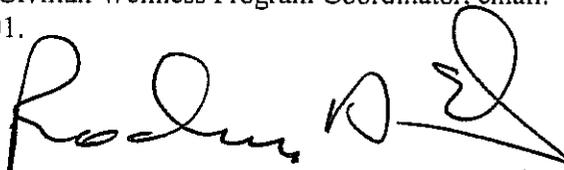
- (a) Contact the Civilian Wellness Program Coordinator to obtain an enrollment packet.
- (b) Submit the enrollment packet with proposed exercise schedule for consideration to their supervisor; supervisors annotate their approval on the enrollment approval form.
- (c) Complete an initial fitness assessment at Clark Fitness Center: [trainers@leemwr.com](mailto:trainers@leemwr.com).
- (d) Register for the *MOVE!* program and send the completed enrollment packet to the Civilian Wellness Program Coordinator who will reply with a written confirmation of enrollment.
- (e) Participate in the fitness program as outlined in the contract and enrollment packet; after six months, complete the final fitness assessment at Clark Fitness Center.

(2) Supervisors of Civilian employees will:

- (a) Encourage participation in a regular program of exercise and other positive health habits. For employees who request participation in the Civilian Fitness Program, approve or revise an exercise schedule which supports mission requirements and the employee's preferences.
- (b) Review the employee's enrollment packet to verify eligibility prior to approving participation in the program; receive enrollment confirmation from the Program Coordinator.
- (c) Monitor the employee's proper use of the allotted time and certify hours of participation in the timekeeping system (ATAAPS code: LN).

5. This policy letter supersedes Fort Lee Policy 02-11, President's Challenge for Physical Fitness and Employee Wellness Program Policy dated 4 May 2011.

6. Point of contact for this policy letter is the Civilian Wellness Program Coordinator, email: [carrie.e.meinzer.civ@mail.mil](mailto:carrie.e.meinzer.civ@mail.mil) or 804-765-7601.



RODNEY D. EDGE  
COL, LG  
Garrison Commander

DISTRIBUTION:  
USAG Fort Lee Employees



# Civilian Fitness Program

(AR 600-63 Health Promotion)

## Fort Lee Enrollment Packet

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Welcome to the Civilian Fitness Program!

We're excited that you've decided to take this step to getting fit and staying active! It's as easy as **1-2-3** to enroll!

- 1 Complete/sign the **Civilian Fitness Program contract** with your supervisor
- 2 Complete/sign the **Physical Fitness Program Release/Waiver of Liability** and the **Physical Activity Readiness Questionnaire\***
- 3 Complete an initial **fitness assessment** at the Clark Fitness Center.

Upon completion of the three steps, email the completed packet to the Civilian Wellness Program Coordinator ([carrie.e.meinzer.civ@mail.mil](mailto:carrie.e.meinzer.civ@mail.mil)) who will send you and your supervisor an enrollment confirmation!

Participants will also complete a final fitness assessment at the Clark Fitness Center. These free assessments may be scheduled at [trainers@leemwr.com](mailto:trainers@leemwr.com).

The Program also includes nutritional education using the Army *MOVE!* program, occasional e-newsletters, and classes upon availability.

Thanks for your interest in participating in the program! I'm thrilled that you want to improve your health and am here to support your journey to wellness, so please let me know of any questions you may have!

*Carrie Meinzer*

\*note: some employees may be required to obtain medical approval prior to enrollment in the program

# Civilian Fitness Program Contract

Fort Lee Garrison

I, \_\_\_\_\_, hereby commit to three hours of exercise each week for six months. I will be focused on challenging my abilities in the pursuit of elevating my physical performance.

I realize that enrollment is subject to approval by my supervisor and may be interrupted for immediate work requirements; time allotted for physical fitness is a privilege, not an entitlement. I understand that my exercise sessions must consist of command sponsored physical activities and that abuse or breach of this contract will result in immediate termination from the program. Further, I acknowledge that misuse of this time is a workplace infraction and subject to the same disciplinary actions as similar infractions.

This contract is for the one-time enrollment in the Civilian Fitness Program and may not be requested a second time. Once enrolled, I am authorized three hours of administrative leave per week for six months to participate in exercise activities using the schedule below, subject to my supervisor's concurrence.

Program start date: \_\_\_\_\_ Program end date: \_\_\_\_\_

	Monday	Tuesday	Wednesday	Thursday	Friday
Time					

I will report this administrative leave using code "LN" in Automated Time Attendance and Production System (ATAAPS). Should I fail to complete the six month program, I cannot request to participate in it again. Further, if I am on leave status or sick leave during the six month period, I forfeit those administrative leave hours. I understand that unused exercise hours may not be carried forward to subsequent weeks.

Participant's Name: \_\_\_\_\_

Participant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

The above employee volunteered to participate in the one-time, six month, three hour per week Civilian Fitness Program under the supervision of the Fort Lee Civilian Wellness Program Coordinator. The program will consist of warm-up exercises, walking groups, aerobic and/or strengthening exercises, and limited weight training exercises. In order to participate, a supervisor's signature and approval are required.

I approve the above employee's participation in the Civilian Fitness Program using the schedule listed.

Supervisor's Name: \_\_\_\_\_

Supervisor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Physical Fitness Program Release/ Waiver of Liability

I fully understand that participating in a physical fitness program is a potentially hazardous activity. I also understand that fitness activities involve a risk of injury – including the risk of death or serious disability – and that I am participating in these activities with full knowledge, understanding, and appreciation of the risk involved. I will not enter this program unless I am medically fit. In consideration of the opportunity to participate in the Civilian Fitness Program, I understand and do hereby agree to expressly assume any and all risks associated with participating in said physical fitness program including, but not limited to, injuries, illnesses, or death related to falls, heart attacks, strokes, heat related injuries, contact with other participants, and equipment conditions. \_\_\_\_ (initial)

The risk of serious injury, including but not limited to permanent paralysis, injury, and death, is significant and does exist even though particular rules, equipment, and personal discipline may reduce the risk. I knowingly and freely assume all such risks, both known and unknown, even if arising from the negligence or omission of USAG Fort Lee, Department of Defense, US Army, and their officials, agents, employees, contractors, and volunteers or others, and assume full responsibility for my participation. I do hereby agree to hold the United States Government, its officials, and personnel harmless from any and all liability, actions, cause of actions, claims, expenses, and damages on account of injury to my person or property, even injury resulting in death, which I now have or which may arise in the future in connection with my participation in any other associated activities of the Civilian Fitness Program. \_\_\_\_ (initial)

I, for myself, my heirs, assigns, personal representatives, and next of kin, do hereby forever waive, release discharge, and hold harmless USAG Fort Lee, Department of Defense, US Army, and their officials, agents, employees, contractors, and volunteers from any and all claims or liabilities for injuries, disability, death, or loss or damage to person or property, whether arising or not from their negligence or omission. I expressly agree that this release, waiver and indemnity agreement are intended to be as broad and inclusive as permitted by the law of the applicable State, and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect. This release contains the entire agreement between the two parties hereto and the terms of this release are contractual and not a mere recital. \_\_\_\_ (initial)

I do hereby further declare myself to be physically sound and suffering from no condition, impairment, disease, infirmity, or other illness that would prevent me from safe participation in health, fitness, or movement activities. In entering into this Agreement with the aforementioned parties, the undersigned acknowledges that this affirmative statement is a material consideration of participation in fitness programs. \_\_\_\_ (Initial)

I further stated that I have carefully read this waiver, release of liability, and assumption of risk agreement, fully understand its terms and significance, and sign it freely and voluntarily without any inducement. I acknowledge, being aware of my own health and physical condition, and having knowledge that my participation in this health and fitness program may be injurious or hazardous to my health or well-being, that my participation is voluntary and with full understanding, acceptance, and assumption of all risks involved. \_\_\_\_ (Initial)

**This form is an important, legally binding document that explains the risks I am assuming by taking part in exercise and movement activities. I have read and understand this document completely.**

Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Note: Release and waiver of liability do not prevent me from receiving available emergency medical care or medically-related entitlements routinely available to me if I am military/family member or federal employee.

# Physical Activity Readiness Questionnaire

Name \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_  
 Phone \_\_\_\_\_ Email \_\_\_\_\_ Active \_\_\_\_\_ Sedentary \_\_\_\_\_  
(Check one below)

Completion of this questionnaire is a first step when planning to increase the amount of physical activity in your life. Please read each question carefully and answer every question honestly:

(Check Yes or No)

YES NO	Has a physician ever said you have a heart condition and you should only do physical activity recommended by a physician?
YES NO	When you do physical activity, do you feel pain in your chest?
YES NO	When you were not doing physical activity, have you had chest pain in the past month?
YES NO	Do you ever lose consciousness or do you lose your balance because of dizziness?
YES NO	Do you have a joint or bone problem that may be made worse by a change in your physical activity?
YES NO	Is a physician currently prescribing medications for your blood pressure or heart condition?
YES NO	Are you pregnant?
YES NO	Do you have insulin dependent diabetes?
YES NO	Are you 69 years of age or older?
YES NO	Do you know of any other reason you should not exercise or increase your physical activity?

If you answered 'yes' to any of the above questions, talk with your doctor BEFORE you become more physically active. Tell your doctor your intent to exercise and to which questions you answered yes.

**Your doctor must grant you written medical approval to participate in any physical fitness activities under the Civilian Fitness Program.**

If your health changes so that you can then answer 'yes' to any of the above questions, seek guidance from a physician.

Participant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Participant:** If you answered "YES" to any of the ten key questions on the Physical Activity Readiness Questionnaire (page 4), this medical approval form must be completed by your healthcare provider prior to beginning the program.

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## MEDICAL APPROVAL BY HEALTH CARE PROVIDER

Patient's Name (print): \_\_\_\_\_ Phone: \_\_\_\_\_

has medical approval to participate in the physical fitness activities associated with the Civilian Fitness Program. I understand that the program includes mild to moderate intensity exercise, and may be conducted in unsupervised groups or individually. I also understand that participation is voluntary, allowing the participant to stop and rest at **any** time he or she desires. Participants will be authorized to exercise at or near the fitness facility on their installation.

If the participant is restricted from performing certain exercises, please list restrictions and suitable exercises that may be substituted in the space provided below.

**The following exercise restrictions and substitutions apply (if none, so state):**

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Health Care Provider's Name \_\_\_\_\_

Health Care Provider's Signature: \_\_\_\_\_ Date \_\_\_\_\_

Office telephone number: \_\_\_\_\_

Email Address: \_\_\_\_\_ @ \_\_\_\_\_