

Time Warner Cable Albany Division Wellness Program
Team Sign-Up

"You Lose...You Win...It's the Power of You" Weight Loss Teams

For Team Leaders: Please submit your team name and member information
on this form.

Team Participants

Team Name: _____

Team Captain: _____

Department: _____

Phone #: _____

Team Members:

Employee Name:

Employee's Department:

PLEASE RETURN TO HR OR YOUR CA WITH PAYMENT BY FRIDAY, FEBRUARY 4, 2011.

Individual Participants

Name: _____

Department: _____

Phone #: _____

EACH PARTICIPANT MUST SIGN THE GENERAL RELEASE FORM.

HR/CA Use Only

Type of Payment: _____

Amount Paid: _____

Date Submitted: _____

HR or CA Initials: _____

**Time Warner Cable
Albany Division**

**Time Warner Cable Wellness Program
General Release and Waiver of Liability**

2011 Wellness Program

I, _____, acknowledge that I am a participant in the Time Warner Cable Albany's Wellness Program, which may include, but is not limited to, a weight loss component, as well as a fitness/exercise component. It is my voluntary desire to participate in the program.

I hereby knowingly and expressly assume the risk of any injury and damage and furthermore, I knowingly and forever release and discharge Time Warner Cable, Inc. and its officers, employees and affiliates from any and all liability, other than my employee group insurance benefits, if applicable, for any and all claims, including but not limited to those claims for personal injuries, medical expenses, and damages that may arise, directly or indirectly from my participation in the Challenge whether those claims arise from acts of negligence or otherwise.

Name: _____

Address: _____

City, State & Zip: _____

Work Location: _____

Work Email Address: _____

Program choice (Circle One): Team Competition **or** Individual Challenge

Signature: _____ Date: _____