

# Employee Wellness Program Participation Consent

I voluntarily agree to participate in the Employee Wellness Program offered by the company. I understand that participation is optional and that I may withdraw at any time without consequence. I acknowledge that information gathered as part of the program will be kept confidential in accordance with company policy and applicable laws.

## Employee Information

Full Name

Employee ID

Department

Email Address

## Consent Details

Additional Comments (optional)

Signature

Date