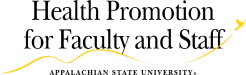
* 

**Participant Entry Form**

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ First Middle Last

Email Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone # \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. By providing my cell phone number I consent to permit Appalachian State University through its Health Promotion for Faculty & Staff to send text messages to the contact information I have provided above

2. I understand that my consent is not a condition of any purchase

3. I understand that I have the right to opt out of this messaging program at any time by contacting Health Promotion for Faculty & Staff in writing at 530 Rivers Street Boone, NC 28608 or via telephone at (828) 262-6314 or by replying “STOP” to any text message I receive

4. I acknowledge that any fees or charges that are incurred as a result of receiving or replying to any text message from Health Promotion for Faculty & Staff is my responsibility and shall not be the responsibility of Appalachian State University.

5. I understand that it is my responsibility to notify Appalachian State University if I should cease using the cell number listed above.

Banner ID# \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Street/Road City State Zip

Status (please check one): Faculty\_\_\_\_Staff\_\_\_\_\_Retiree\_\_\_\_\_Spouse\_\_\_\_\_Domestic Partner\_\_\_\_\_ ASU Dept.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Dept. Phone # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Emergency Contact \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If a spouse or domestic partner, please give the full name of ASU employee/retiree: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How did you hear about us? (please check one)

HR Campus Connection

Appalachian Employee

App State Announce

HPFS Event, if so what event?

Other, please specify

What gym location do you plan to use most frequently? (please check one)

Varsity Gym

Leon Levine Hall Lab Gym

Hickory Room 1116