



Dear SilverSneakers Fitness Program Member:

How would you like to share your fitness story? By answering the following questions about how the SilverSneakers Fitness Program has positively impacted your life, you will be able to inspire others to improve their health and well-being through exercise. Please complete both sides of this form and return it to the fitness facility front desk. Feel free to add a page if more space is required to share your success story!

When did you begin the SilverSneakers Fitness Program?

Why did you begin the SilverSneakers Fitness Program?

Tell us how the SilverSneakers Fitness Program has impacted your health and well-being:

Please provide us with feedback about your health plan. For example, how their offering of the SilverSneakers benefit impacts your customer satisfaction and health status.



I hereby give Healthways, its assigns, licensees, and legal representatives the irrevocable right to use my verbal statements, taped statements or written correspondence in whole or in part, in all forms of media and in all manners, including advertising, trade, or any other lawful purposes, and I waive any right to inspect or approve the finished product, including written copy, that may be created in connection therewith. I am of full age, have read the release and am fully familiar with its contents.

Please Print

First Name: _____ Last Name: _____

Address: _____

City: _____ State _____ Zip: _____

Phone Number: _____

E-Mail Address: _____

Health Plan Name: _____

Fitness Center Name: _____

Signature: _____ Date: _____