



## ***Chairman's Fitness Challenge***

***2017 – First Quarter***

### ***Participant Packet List***

- Participant Information Email
- Exercise Equivalent Chart
- Weekly Activity Log
- Participation Agreement
- Waiver and Indemnity Agreement

To: Wellness Representatives & Participating Employees  
From: Nancy Gardner  
Subject: Chairman's Fitness Challenge 2017

Chairman Wainwright has just announced the FY 2017 fitness challenge for TDCJ and Windham employees. This year's activities include 4, six-week challenges utilizing a Rocky Balboa theme with a goal to increase total points each quarter. **GOOD NEWS! Point values were increased for many of the exercises on the Exercise Equivalents Chart!** Make sure you use the current chart included in this packet when calculating your points. The kick-off challenge, **Rocky Steps – Starts with Training**, will be a six-week challenge with a goal of 225 points per week (a 25 point increase from FY2016 First Quarter requirements) for each participating employee. This event is designed to encourage all employees to engage in physical fitness activities and encourage participation agency wide. **Mr. Collier has approved administrative leave for every employee who completes the challenge in its entirety. The challenge begins Monday, October 10 and ends Sunday, November 20, 2016.**

With the new Challenge year beginning, Chairman Wainwright has once again set a weekly minimum goal of 1,000 for himself. He is challenging those of you who can, to aim even higher and join the Chairman's Special Platinum Challenge for achieving 2,500 points each week. Back again this year is the Chairman's Gold Challenge, (Chairman Wainwright's target) requiring 1,000 points weekly for successful completion in this category.

Win representatives, **registration for the first quarter challenge begins September 26, 2016. Please report the total number of participants (number only) to Lorie Manrique via mainframe email at LMA9659 no later than Friday, October 7, 2016.** When an employee signs up, provide them with a copy of the participant packet that you received from your human resources office. Employees must return a signed participation agreement form and a waiver and indemnity agreement form before beginning the challenge.

**Rules for the challenge are as follows:**

- 1. Employees must sign up with their win representative from September 26 through October 7, 2016.**
- 2. Participants should report their total weekly points by the end of the day each Monday for the duration of the challenge. In order to successfully complete the first quarter challenge, participants must report 225 points per week.**
- 3. Participants may use any of the physical activities listed on the 2017 exercise equivalents chart in order to earn the required 225 points per week minimum. Only the physical activities listed on the chart will count toward an employee's weekly points, but remember to be creative! For example, if an employee climbs stairs at their job every day they may use that as part of the climbing activity to assist them in getting their points for the week.**

On Tuesday of each week, Win Representatives must report the total number of participants (no names, please) and the total number of points by using a standardized reporting format. This will ensure the correct unit or department will be credited with an accurate count of weekly results. The requested reporting format is provided below:

Week #:

Unit or department name:

Total number of participants (no names please):

Total number of weekly points:

**When reporting for EACH WEEK of the quarter, you will also submit the names and total points for the week, of those successfully reaching the goal of the Chairman's Special Platinum Challenge. A minimum of 2,500 points should be submitted each week to qualify. At that same time you will also submit the names and total points (EACH WEEK) of those successfully reaching the goal of the Chairman's Special Gold Challenge. A minimum of 1,000 points should be submitted each week to qualify.**

Please report the points for the Platinum and Gold Challenges as follows:

Employee name:

Points: Week 1

Week 2

Week 3

Week 4

Week 5

Week 6

Total:

If you have any questions regarding this 1<sup>st</sup> quarter challenge, please contact Angie Park at 936-437-4051 or by mainframe email at APA7925, or Lorie Manrique at 936-437-4151 or by mainframe email at LMA9659.

Nancye Gardner  
TDCJ Wellness Coordinator  
Employee Services Section  
Human Resources Division  
936-437-4064

## 2017 – First Quarter Chairman’s Challenge Exercise Equivalents

Activity	Actual Miles/Minutes	Points Value
Core Exercises (Sit-ups, Push-ups, Crunches, etc)	2 minutes – as many as possible	1 point each
Deep Squats	2 minutes – as many as possible	1 point each
Weight Lifting	Per Repetition	1 point
CrossFit	Per Repetition	1 point
Yoga/Stretching	30 minutes	30 points
Walking, casual/stroll (2-3 mph)	30 minutes	30 points
Walking, brisk (4 mph/12 to 15 min. mile)	1 miles	25 points
Jogging, Running (5.5 mph)	1 mile	25 points
Cycling/Mountain Biking (13 mph)	5 miles	25 points
Spinning	30 minutes	30 points
Aerobics/Zumba (moderate intensity)	30 minutes	30 points
Stairmaster/Elliptical (moderate intensity)	15 minutes or 1 mile	15 points
Rollerblading	1 mile	25 points
Swimming (laps)	200 meters or 30 minutes	30 points
Dancing, moderate to rapid	30 minutes	30 points
Team Sports	30 minutes	30 points
Gardening (planting, raking, weeding, etc.)	30 minutes	30 points
Yard Work (push mowing, digging etc.)	30 minutes	30 points
Gym workout	30 minutes	30 points
Climbing stairs	15 minutes	15 points
Spring Cleaning (or heavy housework)	30 minutes	30 points

The exercise equivalents were developed so participants who enjoy activities in addition to walking can log credit for those different activities. The exercise values have been estimated by average caloric burn for a 150-pound person exercising at moderate intensity levels for 30 minutes. The primary goal of the Chairman’s Fitness Challenge is to encourage people to participate in regular physical activity to increase overall health.

Remember to be creative. Climbing stairs may include climbing stairs at your job. Walking may include the number of steps you take in a day. Walkers may wear a pedometer all day and report their total miles for the day by dividing their steps by 2000.



# Chairman's Fitness Challenge

## Activity Sheet

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

Week #: \_\_\_\_\_

Day	Activity	Points
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		
Sunday		
Total Points		



## TDCJ Wellness Initiative Now Participation Agreement

Please read each of the following statements carefully and **initial** in the space provided. Your signature at the bottom of this form represents your acknowledgement and understanding of the guidelines set forth in this document.

I desire to voluntarily participate in the programs and/or use the facilities and equipment provided by the TDCJ Wellness Initiative Now for the purpose of personal fitness. In consideration of the right and privilege of being permitted to participate in these programs and/or to have access to and the use of said facilities and equipment:

\_\_\_\_\_ I do hereby agree to the conditions set forth herein and acknowledge that the voluntary participation in any programs and/or access to and use of facilities and equipment is not a condition of employment, is not related to my employment and therefore, should any injury occur as a result of my participation in the aforesaid programs and/or use of facilities and equipment, such injuries will not be covered by workers' compensation.

\_\_\_\_\_ I acknowledge that I am fully aware that there may be risks for certain individuals participating in activities involving physical exertion.

\_\_\_\_\_ I acknowledge that whether I consult my physician before participating in these activities is my decision.

\_\_\_\_\_ I agree to withdraw from the programs and/or discontinue use of these facilities and equipment should I become aware by any means whatsoever that participation is medically contraindicated.

\_\_\_\_\_ I agree to notify the unit/department wellness representative if I detect any hazards or defects in any of the facilities or equipment to which I am allowed access for these activities.

\_\_\_\_\_ I agree to accept full responsibility for any injuries sustained while participating in a fitness program or using facilities and equipment made available for that purpose. If I fail to meet the conditions described herein under which access to and use of the programs, facilities and/or equipment is being allowed.

I acknowledge and affirm that I have carefully read the guidelines and have obtained a satisfactory explanation of any part thereof that I do not understand.

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Position

\_\_\_\_\_  
Unit/Department

\_\_\_\_\_  
WIN Coordinator

\_\_\_\_\_  
Participants Signature

\_\_\_\_\_  
Date



## TDCJ Wellness Initiative Now Waiver and Indemnity Agreement

I, \_\_\_\_\_, in order to use any premises or equipment belonging to TDCJ and to participate in the Wellness Initiative Now Program, do hereby release the Texas Department of Criminal Justice, its agents and employees, the Texas Board of Criminal Justice, and the State of Texas, its agents, employees, and political subdivisions thereof, from any claims, actions, litigation (to include attorneys' fees), and responsibility of liability for any injuries, illness, disability or death that may arise, directly or indirectly, from my use of any fitness room or equipment belonging to TDCJ or otherwise participating in the Wellness Initiative Now Program.

In addition, I agree to hold harmless and indemnify the Texas Department of Criminal Justice, its agents and employees, the Texas Board of Criminal Justice, and the State of Texas, its agents, employees, and political subdivisions thereof, from any costs, claims, actions, litigation (to include attorney's fees) arising, directly or indirectly, from my use of any premises or equipment belonging to TDCJ or my participation in the Wellness Initiative Now Program with respect to damage to property and injury to other persons.

Employee Signature \_\_\_\_\_ Date \_\_\_\_\_