



Maricopa County

Department of Business Strategies and Health Care Programs

Employee Benefits Division
301 W. Jefferson St., Ste. 3200
Phoenix, AZ 85003-2143
Phone: 602-506-1010
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www.maricopa.gov/benefits

RELEASE AUTHORIZATION

I hereby authorize the Maricopa County Employee Benefits and Health Department to use my name, photograph, likeness, success story, and/or personal testimonial for publication in the Wellness Works Newsletter, the Employee Benefits and Wellness website, or other similar benefits and/or wellness publications throughout Maricopa County. I understand that any photographs or other information I submit will become property of the Maricopa County Employee Benefits and Health Department and will not be returned.

I further agree to hold Maricopa County and its employees harmless for any and all claims or liabilities arising from my appearance, the use of my name, image, or likeness, success story and/or personal testimonial in which my name or personal information are revealed.

I affirm that I am at least 18 years of age.

Signed: _____ Date: _____ / _____ / _____

Printed Name: _____

Street Address: _____

City, State, Zip: _____

Phone: _____

Employee ID#: _____

WELLNESS WORKS SUCCESS STORY TEMPLATE

Did you recently meet a major health goal? Do you want to share your success with your Maricopa County colleagues? Maricopa County Wellness Program invites you to complete the following template, sign the authorization form above and submit to [Diane Hilow](#).

Name (First and Last)	
Department	
Title	
Health Change (i.e. weight, BMI, blood sugar, cholesterol, blood pressure, etc. – <i>BEFORE AND AFTER</i>)	
Identify two specific items you implemented that helped you with your success.	
How long did it take you to achieve your goal(s)?	
What advice would you pass along to your co-workers about achieving goals?	
Quote	
Other	