

## **Wellness Partnership**

| The Alaska Club agrees to assist<br>by providing the following wellness                         | Start Date: 05/13/16  Renewal Date: 5/13/17         |  |
|---|---|--|
|   | Wellness Calend                                     | dar  |
| ☐ Onsite  | ☐ Open House  | ☐ Fitness Party  |
| 1st Qtr   | 1st Qt  | tr 1st Qtr   |
| 2nd Qtr   | 2nd Q   |  |
| 3rd Qtr   | 3rd Qt  |  |
| 4th Qtr   | 4th Qt  | •  |
| ☐ Fitness Challenge   | ☐ Fitness Semina                                    | r  |
| 1st Qtr   | 1st Qt  | r Date   |
| 2nd Qtr   | 2nd Q   |  |
| 3rd Qtr   | 3rd Qt  |  |
| 4th Qtr   | 4th Qt  |  |
| The Alaska Club agrees<br>Trail Mix   | to offer the following membership be<br>available o | enefits to each Employees of during each wellness activity.                              |
| Benefits to Employees:<br>First month free  | Trail Mix   | X  |
| \$0 enrollment  | adrees to   | waste areate in the fellowing manney   |
| 2 months of complimentary member FC required \$20/\$30.   |   | promote events in the following manner: via organization website, intranet or newsletter |
| FC required \$20/\$50.  |   | to announce onsite date(s)   |
| Available during events, onsites or open ho<br>1 year agreement / fee for early cancellation re | ouse periods only. All promotio                     | onal materials to be approved and provided by  |











| Substituting of partially substituting the | cost of a file widsky cinn lifetimetelli | p is completely optional. Should you         |
|--|--|--|
| choose to, covering some or all of the c   | ost of your Employees 's The Ala         | ska Club membership can have a               |
| significant impact on their energy, heal   | th and their focus. Organizations that s | subsidize their employee memberships         |
| agree to give The Alaska Club Member Ac    | counting (337-9550 ext. 1124) sixty-da   | ay prior notice to discontinuing the subsidy |
| of membership dues for its Employees       |  | •  |
| Trail Mix will noti                        | fy The Alaska Club if anyone for whom it | pays a subsidy is no longer                  |
| employed there and shall be responsible    |  |  |
| notification. All Employees are i          |  |  |
| Trail Mix subsidiz                         |  |  |
| \$0 per individual membershi               | 0.                                       |  |
|  |  |  |
| Organization Name: Trail Mix               |  |  |
| Address:                                   |  |  |
| Contact Name:                              |  |  |
|  |  | Email:                                       |
| Billing Contact (if applicable):           |  |  |
|  |  | Email:                                       |
| Organization Signature:                    |  | Date:  |
| Printed Name:                              |  |  |
| Title:                                     |  |  |
|  |  |  |
| The Alaska Club Wellness Partners          | hip Representative Name: Jonat           | han Cabrera                                  |
| Phone Number: 907-364-4316                 | Fax Number: 907-586-9695                 | Email: jcabrera@thealaskaclub.com            |
|  | in                                       |  |
| The Alaska Club Signature:                 | Jan C                                    | Date: 5/13/16                                |
| Printed Name: Jonathan Cabrera             | <b>V</b>                                 |  |
| Title: Membership Manager                  |  |  |

