

How A PATH ADVENTURE WORKS:

First, you'll need to log into the PATH Fitness Challenge from the link below. Second, once logged in, [Register](#) for this adventure.

<http://MyBenefits.County.org>

Before the Adventure starts, you'll get a log booklet, a pedometer, and a t-shirt or hat. Once the Adventure begins, you'll have 3 objectives:

- 1) **BE ACTIVE:** Walk along the virtual Olympic map - tracking progress as you go.
Exercise, do daily chores, go for walks, enjoy sports. Use your pedometer or convert it all to steps by using our conversion tool, and then log progress on your web account and/or in a handy-dandy booklet we provide.
- 2) **GO AFTER GOALS:** Complete guided weekly health goals we call "Missions" — read the newsletters provided for help.
- 3) **BE ACCOUNTABLE:** Each week, tear off the log page, write your name and your progress in the space provided then give the slip to your Coordinator.



PLAY ONLINE:

- Track your progress and watch how you move around the perimeter of Greece.
- Use "Cool Tools" to calculate calories burned, distance walked, body mass index and more.
- Get your missions and weekly newsletters in colorful, animated flash media. There are some fun flash games too!



PATH: AN OLYMPIC CHALLENGE

A 10-Week Workplace Wellness Adventure

*PATH Adventures:
"An Olympic Challenge"*

is sponsored by hard working
volunteers in your organization and by:



TEXAS ASSOCIATION of COUNTIES
HEALTH AND EMPLOYEE BENEFITS POOL

PATH Website Administrators:
Amy Gilbert or Gillian Pieper:
amy@tomypath.com or gillian@tomypath.com



Together. Better. Stronger.

Texas Association of Counties
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What Makes "AN OLYMPIC CHALLENGE" Great?

- Meet up with Greek gods and Olympic champions along the way.
- Learn safe and powerful stretching & strengthening exercises each week.
- Experience the Olympics like never before. Learn interesting facts and tid-bits about sports, world history, and the spirit of competition over the decades. Take a walk through the stories that help the Olympics capture the heart of the world time after time.



TAKE A LOOK: *Where else can you get all this?*

- a top-notch 4-function pedometer
- a cool shirt or hat
- access to an amazing website
- an exciting challenge to try with your co-workers

**REGISTER
TODAY!**

Register Online TODAY:

STEP 1) LOG In To PATH

- a) Go to:
<https://MyBenefits.County.org>
- b) Follow the on-screen instructions
- c) Once logged in, click "Get Connected"
- d) Then click "PATH Fitness Challenge".
- e) The FIRST time you go to PATH, you'll be asked for your email address. Enter it (optional) then click save. The next time you go to PATH you'll reach your dashboard.

*NOTE: This step DOES NOT register you for the adventure.

STEP 2) REGISTER: Click "Olympic Challenge" on your Dashboard:

- a) YOU MUST log into PATH from TAC and click on the Olympic to register. Then follow the 3-step, on-screen instructions
 - 1 — Click on the "Acceptance of Responsibility" box and then "next."
 - 2 — Choose your T-shirt size or Hat, and then click "next."
 - 3 — Click "Submit Registration."

DEADLINE: March 12, 2010

OR Register on Paper:

- a) Carefully fill out the form on the right panel. **Please Write Clearly;**
- b) Tear off the panel and give it to:

(Your Wellness Coordinator)

By: March 8, 2010

REGISTRATION FORM "PATH: An Olympic Challenge"

(Please Print Neatly)

Name (PRINT) _____

Email address _____

Phone _____

T-shirt Size:

S M L XL XXL

OR

HAT:

Pre-Survey:

How many times a week do you walk:

0 1 2 3 4 5+

How many minutes (ave):

10 15-20 30 45 60+

How fast is your pace (ave):

Leisurely Moderate Vigorous

Acceptance of Responsibility:

My employer is conducting a Wellness program for my enjoyment and well-being. This program may include activities such as walking, weight training, aerobics, and other exercises. I will consult my physician prior to doing any new form of physical activity especially if I have not been engaging in strenuous and/or regular exercise. I fully understand the possible risks of exercise programs and knowingly accept these risks as my own responsibility. I acknowledge and agree that TAC HEBP, my employer, & its affiliates are not, and will not be, responsible for any damages, harm or other complications that may result from my participation in this program. In consideration of being allowed to participate in the program, I unconditionally release and hold harmless TAC HEBP and its affiliates from any and all liability for damages, expenses or other harm that might result from my participation in this program.

I Accept - Initials: _____

RETURN to _____
(Your Wellness Coordinator)
By March 8, 2010