



Dear Broken Arrow Public Schools,

Camp Gladiator ("CG") is pleased to present Broken Arrow Public Schools ("BAPS") with the CG Wellness Program. This program is designed to positively impact the health and wellness of BAPS through Educational Seminars, Corporate Wellness Challenges, and a tiered discount structure that allows BAPS employees to receive a larger discount on CG BOLD memberships as involvement in the program grows. Employees who currently have CG BOLD memberships are able to switch their membership to BAPS employee pricing.

Enrolled Employees	0 - 100	101-250	250+
Discounts	10%	15%	20%

BAPS employees will have exclusive access to three different price tiers based on which CG BOLD membership the employee agrees to: BOLD 24+mo, BOLD 12+mo, or BOLD 6+mo minimum commitment. This program will allow employees to receive exclusive pricing on CG BOLD memberships. Employees will sign the standard CG BOLD agreement and the appropriate discount will be awarded based on the number of actively registered participants after their employment with BAPS has been verified. In the event that BAPS decides to discontinue the program, employees will fulfill their memberships at the standard price of the term they have selected. CG or BAPS have the opportunity to discontinue this program at any time, for any reason with 30 day written notice to addresses below, if to CG, ATTN: Wellness Program.

In addition to these discounts, CG can be available to host periodic free health and fitness seminars at BAPS. BAPS also has the option to participate in free Corporate Wellness Challenges and team building on-site workouts. Utilization of these program elements are at the discretion of BAPS and are not required to maintain the employee discount. Contact your local CG Trainer for more info.

We look forward to serving you and your employees! By signing below, you are stating that you understand CG's intention to serve the employees of BAPS with the Corporate Wellness Program elements listed above. This discount is valid for 18 months from the date signed below and will renew automatically..

Broken Arrow Public Schools Representative:

Signature: _____

Name: _____

Title: _____

Date: _____

Email: _____

Alternative BAPS Contact: _____
