**Platform Registration & Consent Form**

|  |  |
| --- | --- |
| **First Name** |  |
| **Last Name** |  |
| **Date of Birth** (required for eligibility verification) |  |
| **Email Address** |  |
| **Telephone #** |  |

A copy of the Membership Agreement, Privacy Policy, and Data Consent can be found [here.](http://www.dartmouth.edu/wellness/membershipagreement_privacypolicy_dataconsent.pdf) Please read them carefully before registering for the Virgin Pulse platform.

[ ]  **I have read, understand, and agree to the terms of the Membership Agreement, Privacy Policy, and Data Consent**.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please send completed form to Virgin Pulse Member Services via fax at (888) 501-6442 or email at dartmouthenrollment@virginpulse.com. Upon receipt of this form, a Member Services Representative will reach out to you via email within two business days to provide you with a temporary password and instructions on how to reset your password.