

Stay Strong, Stay Healthy



Participant Enrollment

Name: _____

Best phone number: _____ Email: _____

Age: _____ Gender: _____

Address: _____

County: _____ State: _____

In case of emergency, please call (please list two contacts):

Name: _____ Name: _____

Phone: _____ Phone: _____

Previous SSSH participant? Yes or No

At _____,
we want to make sure we are presenting our
programs to a wide range of participants. This
information is voluntary and confidential, and will
be used to identify our audiences in general.

Race	Hispanic
American Indian/ Alaskan Native	Yes No
Asian	Veteran status
Black or African American	Non-veteran
Native Hawaiian or other Pacific Islander	Veteran
White	Do you consider yourself a person with a disability?
Two or more races/ Other	Yes No
Unknown	
Prefer not to respond	

For instructor use. Valid for one year.

I need to tell you...

*Here's where you can put any
pertinent health conditions that
you think the instructor needs to
know, including food allergies.*

Below is for instructor use only

Program site: _____

County: _____

Start date: _____

***Returning participant initial if all
responses are the same***

_____ **Date** _____



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I have voluntarily enrolled in a Stay Strong, Stay Healthy program of progressive exercise. I understand I may quit the program at any time. The program is designed to place a gradually increased workload on the heart, lungs, muscles and bones to help improve their function. I understand that participation in such a program involves some risks to my health, which risks may depend upon my underlying medical conditions, existing fitness level and the exercises I choose to do. These risks may include but are not limited to muscle soreness, fainting, disorders of heartbeat, abnormal blood pressure, and depending upon my fitness and health conditions, stroke, heart attack or cardiac arrest which could lead to death. To the best of my knowledge, I do not have any limiting health conditions or disability that subject me to an unreasonable risk of injury or

death from participating in an exercise program. As part of my participation in the exercise program, I may be provided an opportunity to have a pre-exercise assessment and screening. I understand that such assessment and screening are not intended to be comprehensive or take the place of a comprehensive medical examination. If my medical status changes during the program, I will inform the exercise program leader and I will check with my own healthcare provider to see if it is safe for me to continue with the program. In consideration of my participation in this program, I agree, on behalf of myself, my assigns, executors, and heirs, to release and hold harmless, and do hereby release and waive any claims against, The Curators of the University of Missouri and their trustees, officers, employees, and agents, as well as the following implementing organizations:

(host organization and class location)



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(collectively, the "Released Parties") from any and all liability, damage, or claim of any nature whatsoever arising out of my participation in the exercise program due to the fault or negligence of any of the Released Parties. By executing this form I understand, and express my intention to assume, all risks and responsibility for any injury or adverse health event that may result from my participation in this program.

I acknowledge that if I participate in this program remotely, there may be no one present or aware if I have a medical emergency while participating. I understand that the program recommends having someone else present at the remote site at which I am participating so that if there is an emergency, that person can get medical help for me. I understand that each person may react differently to fitness

activities and these reactions cannot be predicted with complete accuracy. I will inform the program leader if I experience any unusual symptoms while participating in the program or that I think are due to my participation in the program. I understand there may be food on-site where the exercise program takes place and such food may contain substances to which I may be allergic. If I have any allergies and learn that food is or may be at any program site, I will be responsible for ensuring that food does not contain substances that will cause an allergic reaction.

I understand that the exercise program will be evaluated for future program improvement and results may be published. I consent to such publication, provided that at no time will my individual results be identifiable in such reports.

I understand that if I have any questions about my involvement in the evaluation of this program, I may contact Sharolyn Jackson, 114 Umberger Hall, 1612 Claflin Rd, Manhattan, KS 66506 Phone: 785-770-7828 or Dr. Lisa Rubin, Chair of Committee on Research Involving Human Subjects, 203 Fairchild Hall Kansas State University, Manhattan, KS 66506. Phone: 785-532-3224 or Kelsey Weitzel, Office of Extension and Engagement Phone: 573-882-2799. Email: muextsssh@missouri.edu

PUBLICITY RELEASE

I authorize K-State Research and Extension to record and photograph my image and/or voice for use in research, educational and promotional program. I also recognize that these audio, video and image recordings are the property of K-State Research and Extension.

No, I do not authorize use of my individual image or voice

Signature: _____

Printed Name: _____

Date: _____

Valid for one year.