The StrongPeople Strong Bodies Program

An evidence-based progressive strength training program

STRONG*People*™

STRONG BODIES

The StrongPeople Strong Bodies program is an evidence-based progressive strength training program. The ***StrongBodies Program*** will help you increase your strength, bone density, balance, and energy, and you will look and feel better!

Your StrongBodies Classes Will Meet:
Days: Tuesday & Thursday
Time: 2:00 pm to 3:00 pm
Location: Wild River Fitness @ Osceola Medical Center, 2630 65th Ave, Osceola, WI 54020
10-week Session: January 24, 2023 – March 30, 2023

Payment (please check one):
___ FREE to Wild River Fitness members
___ $20/per 10-week session for non-members - cash or check only. Make check payable to: Extension Polk County
___ I am interested in a fee waiver (no income requirements)

***All* Strong Bodies Program Participants Should Wear/Bring:**

- Comfortable, loose, breathable clothing
- Closed-toe shoes with rubber soles, preferably athletic shoes
- Water bottle

Weather Policy:
If schools are closed, classes will be cancelled. We will try to make up cancelled classes if possible.

Wild River FITNESS | Your whole life in one place

Extension
UNIVERSITY OF WISCONSIN–MADISON

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Participant Summary Information Sheet

Name _____

Address _____

_____

County _____

Phone Number _____

Email _____

Program Site _____

Start/End Date _____

Age: ___ 18-24 ___25-44 ___45-64 ___65-74 ___75+

Race: Select all that apply.
___ Alaska Native, American Indian, Indigenous, or Native American
___ Asian
___ Black or African American
___ Native Hawaiian or Other Pacific Islander
___ White
___ One or more races that are not listed above
___ I prefer not to respond

Ethnicity: Check one that applies
___ I identify as Chicano/Chicana/Chicanx, Hispanic, or Latino/Latina/Latinx
___ I do not identify as Chicano/Chicana/Chicanx, Hispanic, or Latino/Latina/Latinx
___ I prefer not to respond

Gender: Check one that applies
___ Female
___ Male
___ Non-Binary
___ I prefer not to respond

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In Case of Emergency, please call:

Name: _____

Relationship: _____

Phone Number(s): _____

Physical Activity Safety

Please mark answers honestly to the following questions.

	Yes	No
1. Do you have Medical Condition such as heart disease, high blood pressure, diabetes, cancer, joint/bone problem, respiratory disease, or any other medical condition that could be made worse by becoming more physically active?		
2. Do you currently Experience: chest discomfort with exertion, unreasonable breathlessness, dizziness, fainting, blackouts, ankle swelling, unpleasant awareness of a forceful, rapid, or irregular heart rate, burning or cramping sensations in lower legs when walking short distances, or known heart murmur		
3. Has your doctor ever said that you should only do medically supervised physical activity or have any other reason that you should not do physical activity?		
Please list any medical concerns you would like your instructor to know about (heart concerns, problems, or pains with joints, etc.):		

I have read, understood, and completed this questionnaire. Any questions I had were answered to my full satisfaction.

If you answered "YES" to one or more questions:
If you marked 'Yes' to any of the above statements, you should seek further information from your medical professional before becoming more physically active or engaging in a fitness appraisal.

If you answered NO to all of the questions above, you are cleared for physical activity

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- Start becoming much more physically active. Begin slowly and build up gradually. This is the safest and easiest way to go.
- Delay becoming much more active if:
  - You are not feeling well because of a temporary illness such as a cold or a fever. Wait until you feel better.
  - You are or may be pregnant. Talk to your doctor before you start becoming more active.
- If your health changes so that you would answer YES to any of the above question tell your fitness or health professional. Ask whether you should change your physical activity.

Assumption of Risks: StrongPeople National Program

I understand that physical activity related to the StrongBodies Program, by its very nature, carries with it certain inherent risks that cannot be eliminated regardless of the care taken to avoid injuries. Some of these involve strenuous exertions of strength using various muscle groups, some involve quick movement involving speed and change of direction, and others involve sustained physical activity, which places stress on the cardiovascular system. The specific risks vary from one activity to another, but in each activity the risks range from: 1) minor injuries such as scratches, bruises, and sprains to 2) major injuries such as fractures, internal injuries, joint or back injuries, heart attacks, and concussions to 3) catastrophic injuries including paralysis and death. I understand that the University has advised me to seek the advice of my physician before participating in this activity. I understand that I have been advised to have health and accident insurance in effect and that no such coverage is provided for me by the University or the State of Wisconsin. I know, understand, and appreciate the risks that are inherent in the above-listed programs and activities. I hereby assert that my participation is voluntary and that I knowingly assume all such risks.

Participant Waiver and Release of Liability (this "Release")

I, the undersigned, for myself individually, for my legal representatives, heirs, executors, successors, and assigns, and for any minor under my supervision or

control, in consideration of (a) being permitted to participate in any way in any activity, event, or program offered, conducted, hosted, or sponsored by the StrongWomen Program, also known as the StrongPeople Program ("StrongWomen/StrongPeople"), (b) being permitted to enter upon any real property owned, leased, or licensed by StrongWomen/StrongPeople (the "Premises") for any reason whatsoever, and/or (c) being permitted to use or take advantage of any service, amenity, facility, or equipment provided by StrongWomen/StrongPeople or located on or about the Premises at any time on, before, or after the date of this Release (collectively, the "Activities"), hereby represent, warrant, and agree as follows:

1. Nature of Activities. I fully understand the nature of the Activities and that this program is only for adults. I possess the degree of skill, knowledge, and physical conditioning necessary to participate in the Activities safely. My participation in the Activities is purely voluntary. I will participate in the Activities in a safe manner and exercise due care while participating so as to neither endanger myself nor others. If, at any time, I believe that I am no longer fit to participate in the Activities safely or that the conditions related to the Activities are unsafe, I will immediately discontinue further participation in the Activities and bring any such unsafe conditions to the program leader's attention.

2. Risks, Hazards, & Dangers. I fully understand that participating in the Activities involves inherent and incidental risks, hazards, and dangers, including, without limitation: (a) serious bodily injury to people (including, without limitation, permanent disability, illness, paralysis, and death), (b) damage to or loss of personal property (including, without limitation, loss of use or theft thereof), (c) those resulting from, arising out of, or related to rugged terrain, open or ice covered water of any size or depth, dangerous or defective equipment and facilities, people handling and discharging firearms and ammunition, vehicular traffic, all-terrain vehicles (e.g., ATVs and QUADs), dogs, natural wildlife, insects, weather conditions and temperature, lack of hydration, physical condition of people, and actions of people, and (d) other risks, hazards, and dangers and social and economic losses that could result or arise from participating in the Activities, whether known or unknown or not readily foreseeable at this time)

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(collectively, the "Risks, Hazards, and Dangers"). The Risks, Hazards, and Dangers may be caused by my own actions or inactions, the actions or inactions of others participating in the Activities, the conditions in which the Activities take place, the negligence of the Released Parties (as defined below), or otherwise. No amount of supervision or care can eliminate the possible Risks, Hazards, and Dangers involved. StrongWomen/StrongPeople assumes no responsibility for any personal property that I bring or leave behind on or about the Premises.

3. Assumption of Risk. I hereby irrevocably, unconditionally, and voluntarily acknowledge, accept, and assume (a) all of the Risks, Hazards, and Dangers and (b) all of the responsibility for any and all Losses (as defined below) that I incur or any minor under my supervision or control incurs resulting from, arising out of, or related to the Activities (including, without limitation, my traveling to and from the Activities), whether such Losses were caused in whole or in part by the negligence of the Released Parties (as defined below) or otherwise, excepting any Losses solely caused by the willful misconduct of the Released Parties.

3.1 For purposes of this Release, "Losses" means, individually and collectively, any and all losses, damages, injuries, penalties, expenses, costs, court costs, professional fees (including, without limitation, attorneys' fees and disbursements), interest, disbursements, judgments, liens, and liabilities of any kind or nature whatsoever (including, without limitation, claims for the injury to or the death of any person or the damage to any property (including, without limitation, loss of use or theft thereof).

4. Waiver and Release. I hereby irrevocably, unconditionally, and voluntarily release, discharge, and covenant not to sue the Released Parties from or with respect to any and all Claims that I, my legal representatives, heirs, executors, successors, and assigns, and/or any minor under my supervision or control ever had, now have, or may hereafter have against the Released Parties resulting from, arising out of, or related to the Activities (including, without limitation, my traveling to and from the Activities), whether such Claims were caused in whole

or in part by the negligence of the Released Parties (as defined below) or otherwise, excepting any Claims solely caused by the willful misconduct of the Released Parties.

4.1 For purposes of this Release, "Claims" means, individually and collectively, any and all claims, actions, causes of action, suits, complaints, grievances, controversies, debts, dues, sums of money, accounts, reckonings, bonds, bills, specialties, covenants, contracts, agreements, promises, variances, trespasses, judgments, liens, extents, executions, decrees, claims (including, without limitation, claims for medical expenses), rights, demands, losses, damages, injuries, professional fees (including, without limitation, attorneys' fees and disbursements), costs, court costs, expenses, disbursements, obligations, and liabilities of any kind or nature whatsoever (including, without limitation, claims for the injury to or the death of any person or the damage to any property (including, without limitation, loss of use or theft thereof), whether at law, admiralty, or in equity, whether known or unknown, contingent or absolute, suspected or unsuspected, disclosed or undisclosed, hidden or concealed, or due or to become due, whether arising under contract, breach of warranty, tort, negligence, strict liability, enterprise liability, product liability, any other theory of liability, or otherwise, and whether or not the party has been advised of the possibility of such damages or such damages are otherwise foreseeable.
4.2 For purposes of this Release, "Released Parties" means, individually and collectively, (a) StrongWomen/StrongPeople, (b) StrongWomen/StrongPeople's program leaders, officers, directors, managers, members, shareholders, employees, independent contractors, volunteers, agents, insurance providers, representatives, successors, and assigns, and (c) the owners and lessees of the Premises.

5. Indemnification. To the fullest extent permitted by law, except to the extent attributable to the willful misconduct of the Released Parties, I will, at my sole expense, indemnify, defend, and hold harmless the Released Parties from and against any and all Losses resulting from, arising out of, or related to: (a) any breach of or any inaccurate, false, or fraudulent representation or warranty made by me in this Release; (b) any breach or default in the performance of

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any covenant or agreement made by me in this Release; (c) my participation or the participation of any minor under my supervision or control in the Activities; or (d) any willful misconduct, negligence, or fraudulent or unlawful acts or omissions of me or any minor under my supervision or control.

6. Photo & Video Authorization. I understand while participating in any Activities, I may be photographed, filmed, or recorded. I hereby grant to StrongWomen/StrongPeople and its designees the irrevocable and unrestricted right to use and publish in any manner or medium my name, my likeness, photographs and video of me (or in which I may be included), and sound recordings of my voice, in whole or in part, solely for marketing, advertising, and promotional purposes and to alter the same without restriction.

IN WITNESS WHEREOF, I hereby certify that I have read and fully understand this Release, that I understand that this Release is a binding contract and that by entering into it I surrender valuable rights, and that I sign this Release of my own free will.

_____ _____ _____

Participant Signature Date Participant Name (Please print legibly)

_____ _____

Parent/Guardian Signature Date
(If under 18 years old, Parent or Guardian must also sign)

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Consent for ER Treatment: UW Madison- Division of Extension
I acknowledge that the University of Wisconsin-Madison Division of Extension does not provide health and accident insurance for participants. I authorize the University of Wisconsin-Madison Division of Extension and its designated representatives to consent, on my behalf, to any emergency medical/hospital care or treatment to be rendered upon the advice of any licensed physician. I agree to be responsible for all necessary charges incurred by any hospitalization or treatment rendered pursuant to this authorization.

Participation Agreement UW Madison-Division of Extension Extension Program
I desire to participate voluntarily in education activities with the University of Wisconsin-Madison Division of Extension.I understand that I am being asked to read each of the following paragraphs carefully.

I know, understand, and appreciate the risks that are inherent in the above-listed programs and activities. I hereby assert that my participation is voluntary and that I knowingly assume all such risks. I understand that if I have questions about any of the terms contained in this agreement, I may contact UW-Madison Division of Extension Safety and Risk Management Office, at riskmgmt@bussvc.wisc.edu.

Hold Harmless, Indemnity and Liability Release: UW-Madison Division of Extension
In consideration of permission for me to voluntarily participate in the StrongBodies Program, today and on all future dates, I, for myself, my heirs, personal representatives or assigns, agree to defend, hold harmless, indemnify and release the Board of Regents of the University of Wisconsin System, the University of Wisconsin-Madison Division of Extension, and their officers, employees, agents, and volunteers, from and against any and all claims, demands, actions, or causes of action of any sort on account of damage to personal property, or personal injury, or death which may result from my participation in the above-listed program. This release includes claims based on the negligence of the Board of Regents of the University of Wisconsin System, the University of Wisconsin -Madison Division of Extension, and their officers, employees, agents, and volunteers, but expressly does not include claims based on their intentional misconduct or gross negligence. I know, understand, and appreciate the risks that are inherent in the above-listed programs and

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activities. I hereby assert that my participation is voluntary and that I knowingly assume all such risk.

_____ _____ _____

Participant Signature Date Participant Name (Please print legibly)

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