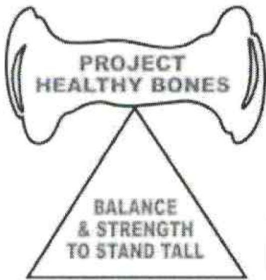


Peer Leader Collects

Participant Agreement/Release

I, ____, understand and confirm that
(Print Name)
my participation in this Healthy Bones Program is voluntary. I agree that during my participation I will exercise at a comfortable level and will stop exercising if it becomes uncomfortable, in order to prevent any illness or injury. I hereby release the New Jersey Department of Human Services, Morristown Medical Center, Lead Coordinators, Host Site, Peer Leaders and their officials, directors, members, agents, and/or employees from any liability or claims for personal injury or otherwise arising from my participation in Project Healthy Bones.

____ ________________________

Signature ***Date***

Street: ______________________________ Town: ____________________ Zip: __________

Home Phone: ____________________________ Cell Phone: ___________________________

E-mail: ____

Ethnicity: Please pick one

- ☐ White
- ☐ Hispanic or Latino
- ☐ Black or African American
- ☐ Native American or American Indian
- ☐ Asian / Pacific Islander
- ☐ Other

Poverty Level- Please pick one: Yes or No

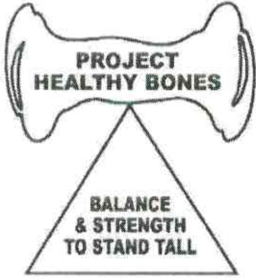
<u>Emergency Contact:</u>

Name:___________________________________ Relationship:_______________________

Home Phone: ____________________________ Cell Phone: _________________________

PL Collects at Session 1

Medical Approval to Exercise



Patient Name: ______________________________

Address: ______________________________

Date of Birth: ______________ Phone Number: ______________

The above named patient would like to participate in Project Healthy Bones, an exercise and educational program designed to prevent and slow the development of osteoporosis. The program is led by trained Peer Leaders.

The exercises are designed to improve balance and strength with the use of ankle and hand weights. Participants begin with 1 lb. weights and progress as self-determined.

Project Healthy Bones is based on a program developed by the Massachusetts Department of Public Health and Action For Boston Community Development, Inc. in consultation with the Nutrition and Exercise Physiology Laboratory at Tufts University. The program is sponsored by the New Jersey Department of Human Services, Division of Aging Services. For more information on Project Healthy Bones, visit www. state.nj.us/humanservices/doas/services/phb/index.html.

_____ **YES**, I approve and support my patient's participation in this progressive weight and balance training program.

_____ **NO**, my patient is not eligible to participate in this exercise program due to his/her current medical status.

______________________________ Physician Signature

______________ Date

PHYSICIAN INFORMATION:

Print Name: ______________________________

Address: ______________________________

____

Telephone: ______________________________

Please return this completed form to your patient.