

Dear Senior:

Thank you for the interest you expressed in the BODYWISE Program!

The BODYWISE Program is specifically designed and operated to promote health, wellness, and fitness for persons **60 years** of age or older in the District of Columbia. Some of the benefits which may be achieved include: an increase in participants' cardiovascular efficiency, muscular strength, flexibility, and overall life satisfaction, as well as health and preventive knowledge.

The BODYWISE Program consists of Water Aerobics (swimming is not required), Yoga, Low-Impact Aerobics, and Chair Exercise classes. Classes are conducted by appropriately trained and certified instructors. Participants are encouraged to exercise at their personal level of fitness. The program also provides great opportunities for socializing.

Participants in the BODYWISE Program must:

- Be a resident of the District of Columbia
- Be 60 years of age or older
- Complete an Application Form
- Obtain a Medical Release Form executed and signed by his/her Physician (Completed ANNUALLY).

If you would like to join the program, simply complete the application form and have your physician sign the medical release. Applicants can mail or bring their completed application to the Institute of Gerontology office. After a complete application has been submitted to the BODYWISE office we ask that you call (202-274-6697) for a brief orientation. Once the orientation has been conducted you will receive a membership card to start your classes.

Again, thank you for your interest, and we hope you will make the decision to become **"BODYWISE PARTICIPANT"**.

University of the District of Columbia
CAUSES - Institute of Gerontology
4250 Connecticut Avenue NW, 5th Floor
Washington, DC 20008
Office: 202.274.6697; Fax: 202.274.6605

BODYWISE APPLICATION PACKAGE

Registration Form

Date: _____ Site(s) Requested: _____

Class: Water aerobics _____ Time: _____ Low-Impact Aerobics _____ Chair _____ Yoga _____

Are you a new member to Bodywise? _____

Name: _____ Birth Date: ____/____/____

Address: _____ DC Zip: _____ Ward _____

Home Telephone: _____ E-mail: _____

Physician's name: _____ Physician's Phone _____

In case of emergency, contact:

1. _____
Name Phone

2. _____
Name Phone

Please list medications and/or conditions that might affect your participation (e.g., Diabetes, Hypertension, etc.) _____

Please circle or write in:

Gender: _____ **Ethnicity:** _____

Household Composition: single, with spouse/partner, with children, with relatives, other

Benefit(s): Medicare, Medicaid, Other: _____

The attached physician release form must be completed by your physician prior to participation in the BODYWISE Program.

Release concerning Liability and Responsibility

I, the undersigned, being mindful of my age, health and physical condition, am voluntarily participating in the BODYWISE 60+ Fitness and Health Promotion Program, managed by the University of the District of Columbia. Therefore, I hereby release the program funding sources, sponsors and their representatives and their successors from Liability for accident, injury or illness that I may incur as a result of participation in the program and hereby assume these risks.

Participant's Signature: _____

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BODYWISE PHYSICIAN RELEASE FORM

Patient's Name _____ Date: _____

Address: _____

WDC/ZIP _____ Phone # _____ email _____

Are you a new member to Bodywise? _____

Site: _____ Class: Water ____ Land ____ Chair ____ Yoga ____

ALLERGIES: _____

1. What is the patient's normal:

A. Blood Pressure: _____

B. Resting Heart Rate: _____

2. Does the patient have a history of any of the following medical problems? Please indicate the name of the medication the patient is presently taking.

A. Heart ☐ Yes ☐ No Medication _____

B. High Blood Pressure ☐ Yes ☐ No Medication _____

C. Diabetes ☐ Yes ☐ No Medication _____

3. Is the patient currently being treated for the following?

A. Stroke _____ Yes _____ No Medication _____

B. Heart Attack _____ Yes _____ No Medication _____

C. Lung Disease _____ Yes _____ No Medication _____

D. Kidney Disease _____ Yes _____ No Medication _____

E. Diabetes _____ Yes _____ No Medication _____

4. Are there any other medical data, medication or abnormalities in this person's medical history that should be considered in developing an exercise program?

5. In the event of a medical emergency for the applicant, is (are) there any medication(s) that should NOT be administered? _____. If so, what?

6. Recommend specific exercise prescription (heart rate, work load, duration).

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The BODYWISE Program consists of water (swimming is not required), low-impact aerobics, yoga, and chair exercise classes. The program also offers other opportunities for learning and socializing.

I certify that I have read the description of the Bodywise program and consent to the individual, whose name appears above to participate in a supervised senior exercise program, taking into consideration the above mentioned restrictions.

M.D.: _____

Address: _____

Telephone Number: _____ Date _____

PHOTOGRAPHY/VIDEO RELEASE

In consideration of my engagement as a model, upon the terms herewith stated, I hereby give to the UNIVERSITY OF THE DISTRICT OF COLUMBIA its legal representatives and assigns, those for whom UNIVERSITY OF THE DISTRICT OF COLUMBIA is acting, and those acting with its authority and permission:

a) the unrestricted right and permission to copyright and use, re-use, publish, and republish photographic portraits, pictures, or videos of me or in which I may be included intact or in part, composite or distorted in character or form, without restriction as to changes or transformations in conjunction with my own or a fictitious name, or reproduction hereof in color or otherwise, made through any and all media now or hereafter known for illustration, art, promotion, advertising, trade, or any other purpose whatsoever.

b) I also permit the use of any printed material in connection therewith.

c) the right to reproduce, use, exhibit, display, broadcast, distribute and create derivative works of University-related photographs or videotaped images of the undersigned person for use in connection with the activities of the University or for promoting, publicizing or explaining the University or its activities. This grant includes, without limitation, the right to publish such images in the University newspaper, alumni magazine, and PR/promotional materials, such as marketing and admissions publications, advertisements, fund-raising materials, and any other University-related publication. These images may appear in any of the wide variety of formats and media now available to the University and that may be available in the future, including but not limited to print, broadcast, videotape, CD-ROM, and electronic/online media.

d) I hereby relinquish any right that I may have to examine or approve the completed product or products or the advertising copy or printed matter that may be used in conjunction therewith or the use to which it may be applied.

e) I hereby release, discharge and agree to hold harmless the University of the District of Columbia, its legal representatives or assigns, and all persons functioning under its permission or authority, or those for whom it is functioning, from any liability by virtue of any blurring, distortion, alteration, optical illusion, or use in composite form whether intentional or otherwise, that may occur or be produced in the taking of said picture or in any subsequent processing thereof, as well as any publication thereof, including without limitation any claims for libel or invasion of privacy.

f) I hereby affirm that I am over the age of majority and have the right to contract in my own name. I have read the above authorization, release and agreement, prior to its execution; I fully understand the contents thereof. This agreement shall be binding upon me and my heirs, legal representatives and assigns.

Name: _____ Signed: _____
(Print name above)

Date: _____

Address: _____ City/State _____ ZIP: _____

Phone: _____ Email: _____