

Go Red For Women® Go Red Challenge
Sponsored by Boone Hospital Center

Take A Challenge That Could Save Your Life!



Go Red For Women is nationally sponsored by



We are pleased to announce that the American Heart Association is accepting applications for women who would like to participate in the 2018 Go Red For Women® Go Red Challenge — a challenge that could save your life.

Background: Research shows that most cardiac events can be prevented if women make small, yet life-saving choices for their hearts. Go Red For Women® is the American Heart Association's national movement to make women aware of their risk for heart disease and provide inspiration to take action to reduce that risk.

Introducing the Go Red For Women® Go Red Challenge! We will be selecting 10 women, over the age of 18, in the Columbia area, who will be profiled on our Web site and in the media. Finalists are encouraged to adopt lifestyle changes such as increased physical activity and healthy eating. We hope that this will inspire other women to begin a healthy lifestyle of their own.

Women chosen to participate in the Go Red For Women® Go Red Challenge will take part in a 12-week program. **Participants will be provided with tools, resources and support needed to make healthy changes in their lives.**

As part of the Go Red For Women® Go Red Challenge, the participants will receive:

- Health screenings by Boone Medical Group, prior to the program beginning and upon completion, to measure success!
- Nutritional planning assistance from registered dietitians and health educators from Boone Hospital Center.
- Free 3-month membership to the WELLAWARE Fitness Center
- Free orientation to the WELLAWARE Fitness Center, where professionals will help design a program for each participant

As part of this challenge, our final applicants will be expected to complete the following:

- **Be available to attend all weekly educational meetings and training sessions (every Monday from 3 p.m. – 7 p.m.)**
- **Complete preliminary and final health screening**
- **Attend Meet & Greet event on May 21, 2018**
- **Attend Go Red luncheon on August 20, 2018 (your ticket will be provided)**
- **Appear on stage and/or in a video that will be shown at the Go Red event on August 20, 2018**

We are looking for a diverse group of individuals with respect to age, lifestyle, marital status, ethnicity, and physical health. You do not have to be a model or a particular body type; it is more important to us that we have a group of positive thinkers. Most importantly we are looking for people who are ready to make a positive change to their health (examples: lose weight, lower cholesterol, reduce stress, quit smoking, etc.).

If you would like to be considered for the Go Red For Women® Go Red Challenge, please fill out the attached application and return it along with a color photo (which will not be returned) to:

American Heart Association
104 Corporate Lake Dr.
Columbia, MO 65203
Leanne.Geiss@heart.org

Applications must be submitted by April 27, 2018. Applicants selected to participate will be notified the week of May 7, 2018, orientation the following week and the Challenge kick-off will be May 21, 2018.

Local Go Red Challenge Sponsors:



Go Red Challenge Application

CONTACT INFORMATION

Name:	
Street Address:	
City, State, ZIP Code:	
Cell Phone:	
Work Phone:	
Email Address:	
What is your preferred method of communication?	<input type="checkbox"/> Email <input type="checkbox"/> Cell Phone <input type="checkbox"/> Text

DEMOGRAPHIC INFORMATION

Ethnicity:	
Do you smoke?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Employer:	
Date of Birth:	
Number of children / ages:	
Marital Status:	
Are you a legal resident of the United States?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Highest Level of Education:	
Do you belong to any affiliations or organizations? Please describe.	

ABOUT YOUR WORKPLACE:

Healthy workplaces are key for long-term heart health. Answers are for background information only.

What is your occupation?	
How active are you on a typical day?	<input type="checkbox"/> Very active <input type="checkbox"/> Moderately Active <input type="checkbox"/> Sedentary
Does your company have an employee wellness program?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, what are the components of the program?	
Describe your typical work day.	
What does your work/life balance currently look like?	
Does your employer support your application to this program? You may need some flexibility to participate in some events.	<input type="checkbox"/> Yes <input type="checkbox"/> No

PHYSICAL ACTIVITY READINESS

Check all the boxes below that apply:

- I have a heart condition and my healthcare professional recommends only medically supervised physical activity.
- During or right after I exercise, I often have pains or pressure in my neck, left shoulder or arm.
- I have developed chest pain within the last 3 months.
- I tend to lose consciousness or fall over due to dizziness.
- I feel extremely breathless after mild exertion.
- My healthcare professional recommends that I take medicine for high blood pressure.
- I have joint or bone problems that limit my ability to do moderate-intensity physical activity.
- I'm pregnant and my healthcare professional hasn't given me the OK to be physically active.
- I am over 50, haven't been physically active, and am planning a vigorous exercise program.

IMPORTANT: If you selected one or more of these items, you need to see your healthcare professional for clearance prior to applying to be one of our Go Red For Women Challengers.

Regular Physical Activity

Do you have a gym that you regularly attend? Yes No If Yes, where?

Describe your last week of physical activity.

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

ABOUT YOU:

What is your current height and weight?

Height: ft. in. Weight:

Do you have a family history of heart disease? Yes No

If you have a family history of heart disease, please include their relationship and condition.

Have you suffered from heart disease? Yes No

If yes, please explain.

Why do you want to be one of our Go Red For Women® Challenge participants?

What are your health goals?

What area would be your focus of improvement?

Name three of your hobbies:

What are three adjectives that your friends would use to describe you?

Have you ever participated in a Go Red For Women® program?

Have you ever been charged, arrested, or convicted of a crime? Yes No

If yes, please give details, and dates:

Do you have any pending civil lawsuits? Yes No If yes, please give details and dates

ABOUT YOUR INTERNET ACTIVITY:

Do you have access to the Internet and e-mail on a daily basis? Yes No

Are you on any of the following forms of social media?

Facebook Twitter Instagram Google Plus Pinterest

If chosen for the 2017 Go Red Challenge, I agree to allow my first name/picture/etc. to be posted on the following forms of social media:

Facebook, Twitter, Instagram, Blogs, Webpages, etc.

Yes, I give my consent No, I do not give my consent

Eligibility Requirements, Consents and Releases

1. All participants must be over the age of 18 and be a resident of the continental United States.
2. Applications must be submitted by April 27, 2018. Applicants selected to participate will be notified the week of May 7, 2018 and the Challenge kick-off will be May 21, 2018. Program managers reserve the right to extend the deadline as necessary.
3. Additional applications are available by contacting the American Heart Association, 104 Corporate Lake Dr., Columbia, MO 65203 or 573-446-3000
4. Ten women will be selected to participate in the program.
5. Employees, agents or vendors of the American Heart Association and their immediate families including significant others –which includes any form of a long-term relationship, mother, father, sister, brother, daughter, or son and members of the same households (whether related or not) of such employees are not eligible to be participants in the Go Red For Women® Challenge or to participate in this application process.
6. Any owners, employees, agents or vendors of the sponsor of Go Red For Women® programs are not eligible to be participants on the Go Red For Women® Challenge or to participate in this application process.
7. All contestants must provide copy of eligibility to live and work in the United States (either valid US passport or combination of valid US driver's license **and** valid social security card).
8. Any finalist who has marked a box under the physical activity readiness questionnaire of this application will be expected to provide proof of medical clearance to participate in the challenge.
9. **Participants must be able to make a commitment to the following schedules and for the following purposes (dates are subject to change at the discretion of the program manager):**
 - **Be available to attend all weekly educational meetings and training sessions (each Monday from 3 p.m. – 7 p.m.)**
 - **Attend Meet & Greet event on May 21, 2018**
 - **Complete preliminary and final heart risk assessment. Assessment schedule TBA.**
 - **Attend Go Red luncheon on August 20, 2018 (your ticket will be provided)**
 - **Appear on stage and/or in a video that will be shown at the Go Red event on August 20, 2018**
10. You must not be a candidate for public office prior to and during the duration of the challenge.
11. You must never have been convicted or pleaded "no contest" to, or received probation for, a felony or misdemeanor, other than a minor traffic violation, and have never had a restraining order or other injunctive relief entered against you. There must not be any outstanding criminal warrants for your arrest.
12. If selected as a participant you must execute all waivers and release agreements required by the program manager of the American Heart Association, including photography, video, and personal appearance release.
13. You must be willing to provide medical information and submit to a medical examination and background check.
14. You agree to not participate in any other diet, weight loss or exercise programs during the official dates of the Go Red For Women® Challenge.
15. All decisions made by program managers are final and not subject to review or appeal.

I authorize the Program Manager and its designees to investigate, access and collect information about me, about any of the statements made by me in my application, any supporting documents and any other document that I have signed or do sign in connection with my application to be selected as a participant in the Program, or any other written or oral statements I make in connection therewith. I irrevocably authorize the Program Manager, AMERICAN HEART ASSOCIATION and their respective designees to secure information about my experiences from my current and former employers, associates, friends, family members, educational institutions, government agencies, credit reporting agencies, and any references I have provided, and I irrevocably authorize such parties to provide information concerning me. I specifically authorize investigation of my employment record, medical record, and government records, including but not limited to my motor vehicle record, civil record, criminal record and consumer report(s). I agree to execute any authorizations, consents and releases requested from me by Program Manager, AMERICAN HEART ASSOCIATION and their respective designees in connection with their investigation of me. I hereby unconditionally and irrevocably release and forever discharge all such parties and persons from any and all liabilities arising out of or in connection with any such investigation or with the use of any information received from me or through the course of their investigation of me, or which I have provided in this preliminary application.

I agree to undergo to the extent permitted by law and at the sole discretion of Program Manager, with no prior notice to me, any physical and mental examinations requested by Program Manager in connection with my possible selection for and participation in the Program. Such examinations will be conducted by medical personnel of Program Manager's choosing. I acknowledge that I may not be selected to participate or my participation may be discontinued at any time if in the sole and exclusive discretion of Program Manager and/or its medical experts the results of such tests indicate that I am not physically or mentally fit to participate in the Program. I understand and agree that any physical and/or mental assistance, examinations and/or sessions I may have with any medical personnel retained by or associated with the Program, Program Manager and its affiliates do not create a confidential relationship between me and such medical personnel. Accordingly, I acknowledge and consent to production doctors, psychologists, and other medical personnel communicating with Program Manager, AMERICAN HEART ASSOCIATION and their designated agents any diagnoses, prognoses, medical information and/or opinions regarding me. I hereby waive any physician-patient privilege I may have or that may arise with any physicians, psychologists, health care providers (including both physical and mental health care providers), social workers, health care institutions, insurers, and other individuals and entities as a result of my participation in the selection process and/or the Program, and I authorize the release to Program Manager, and AMERICAN HEART ASSOCIATION any and all records and information, written, verbal, electronic or otherwise, from any of the above persons and/or entities. I agree to sign any authorizations that Program Manager, AMERICAN HEART ASSOCIATION or a health care provider deems necessary to facilitate the release of such records and information. Without in any way limiting anything herein, I further hereby release, discharge, relinquish and hold harmless the providers of any medical care assistance, treatment or services provided to me at any time whether such treatment or services are provided by health care professionals, paramedics, or any other person. I hereby release the American Heart Association from and hold it harmless regarding, any and all claims related to or resulting from the storage, use and transfer and release of any and all information provided by me to the AHA, or facts the AHA obtained through their investigation of me.

Terms and Conditions -- Go Red For Women® Challenge Enrollment

By submitting my application I acknowledge that I am enrolling in Go Red For Women® Challenge, a program for women created by the American Heart Association, Inc. ("AHA").

I am engaging in the Go Red For Women®/AHA Program voluntarily and for my own personal reasons. I understand that it is my responsibility to consult with a physician regarding heart disease.

The Go Red For Women®/AHA programs I am enrolling in may advocate or involve physical activity such as exercise. Such physical activity is a potentially hazardous activity that may involve certain risks. By participating in AHA programs, I assume all associated risks. It is my responsibility to consult with a physician to determine my ability to engage in any and all activities associated with the Go Red For Women®/AHA Programs. It is also my responsibility to use equipment, clothing, and technique that are appropriate for the activities related to the Go Red For Women®/AHA Programs. I am solely responsible for my own safety.

I agree to not sue, and to release, indemnify and hold harmless, Go Red For Women®/AHA and its affiliates, officers, directors, volunteers and employees, and all sponsors of the AHA programs sponsors and the agents of such sponsors, from any and all liability, claims, demands, and causes of action whatsoever, arising out of my participation in the Go Red For Women®/AHA programs, whether arising from the negligence of any of the above parties or from any other cause. The foregoing release, indemnification, and hold harmless shall be as broad and inclusive as is permitted by the state in which I live.

I consent to the aggregation of my non-identifying information with like information from other people, and I consent to the release of such aggregated information to other parties, including but not limited to the sponsors of Go Red For Women®/AHA. I authorize Go Red For Women®/AHA to mail me information about the AHA Programs or about other AHA offerings.

I acknowledge and agree that the AHA may discontinue certain AHA programs without notice to me and that I shall have no continuing rights in the AHA programs upon such termination.

Any medical conditions requiring treatment outside of the consultations outlined in the Go Red For Women® Challenge application documents will be the sole responsibility of the participant and / or the participant's insurance carrier.

I assert that I am the person about whom the information I am providing relates.

If any portion of this agreement is held invalid, the balance shall continue in full force and effect.

Agreement and Signature

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal. I hereby acknowledge that I have read, and I meet and agree to be bound by the Go Red For Women® Challenge eligibility requirements. If any of the above information is found to be false, I understand that this will be grounds for my dismissal from the Go Red For Women® Challenge participant selection process and/or the actual project. Even if I meet the eligibility requirements, the producers have no obligation to interview me and/or select me as a participant; and decisions by the program managers concerning the selection of the contestants are at the sole discretion of the program managers. I acknowledge and agree their decisions are final and not subject to challenge or appeal.

Name (printed):	
Signature:	
Date:	

If you do not wish to receive free educational materials from this program, you may delete your name and e-mail from our mailing list by e-mailing leanne.geiss@heart.org. Or you may write to us with your name, address and mail to: **American Heart Association, 104 Corporate Lake Drive, Columbia, MO 65203**. Note: Please make sure your name and address match the information that you provided during registration. We apologize for any inconvenience if you are sent an email in error.

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AUTHORIZATION FOR RELEASE OF INFORMATION
For Media/Public Relations, Fundraising and Marketing Purposes

I, _____, date of birth _____, authorize any of the below "Organizations"
(PRINT PATIENT OR GUARDIAN NAME) (PATIENT)

- Alton Memorial Hospital
- Barnes-Jewish Hospital
- Barnes-Jewish St. Peters Hospital
- Barnes-Jewish West County Hospital
- BJC HealthCare
- Boone Hospital Center
- Christian Hospital
- Missouri Baptist Medical Center
- Missouri Baptist Sullivan Hospital
- Parkland Health Center
- St. Louis Children's Hospital
- Progress West HealthCare Center
- _____

to take photographs, films, audio and/or video, interview me, or publish article(s) or information about me for the purpose of:

- Hospital publications, fundraising, publicity, promotion, web site or advertising for BJC HealthCare or its affiliated entities.
- "Marketing" as defined in the Federal Privacy Regulations.
- Research/education programs.
- Publication and newspapers, printed media, radio, television, web site and all types of electronic communication media.
- Documenting my injury/condition for evaluation, insurance or legal reasons.
- Other: (specifically describe): _____

Briefly describe nature of project, including a specific description of what health/personal information will be involved, and the specific audience or type of audience that may be involved: _____

- Photograph or video to be placed in central repository.
- Photograph or video not to be placed in central repository.

I consent to the taking and use of the photographs, films, audio and/or video, or publishing of the attached article or information as described above, including placement in a central repository for use by any BJC affiliated health care provider, i.e., reuse, unless otherwise indicated. I understand that I may be identified in any use of the above materials. I realize that I will not be compensated in any way for the taking or use of photographs, films, audio and/or videotapes, or the publishing of the attached article or information. I understand and agree that this Authorization is valid unless I cancel it in writing (as described in the next sentence) for as long as the Organization noted above (or any organization that succeeds it) stays in business. I understand that I may cancel this Authorization at any time (as long as the Organization noted above has not taken action in reliance on this Authorization) by mailing, faxing or taking a letter in person to the organization indicated above. I understand that once my health information is used or disclosed, it is no longer protected by state or federal law.

I understand that neither BJC HealthCare nor any of its affiliated health care providers can make me sign this Authorization as a condition to getting treatment, making payments on any bills, or gaining enrollment or eligibility in any health insurance plan, unless the Federal Privacy Regulations allow it. I understand that if the Organization noted above will receive money or other compensation (either directly or indirectly) from someone else because of the use of my health information in the project described above, I have been told of the compensation. I agree that I have received a signed copy of this Authorization.

Signature of patient, parent or guardian _____ If minor, name of child _____ Date _____

Street Address _____ If patient is not signing Authorization, state relationship _____ Witness _____

City, State, Zip _____ E-mail Address (internal purposes only) _____ BJC Staff Name (PRINT) _____

Phone Number _____ Media Outlet(s) / Scheduled Date _____ MR # _____