Maplewood Loves Wellness with

Count on Yourself™ Walking Program

Application to Participate

On Monday, April 28th, 2014 Maplewood Loves Wellness together with Risa Olinsky founder of Count on Yourself Coaching who is volunteering her expertise, will offer a 2nd FREE community-walking program utilizing pedometers. The pilot walking program ran last fall and was a huge success. Pedometers for the program are made possible by a grant from Overlook Medical Center, Atlantic Health System.

Participation in this program is open to 40 new adult Maplewood residents (18 or older). If you would like to join in, please review and complete the following application and submit to: Deputy Mayor, Kathleen Leventhal, Township of Maplewood, 574 Valley Street, Maplewood, NJ 07040 or fax to 973-761-4061 no later than Friday April 18th. For questions contact: risa@risaolinsky.com

Overview of the program and participant's pledge:

If chosen, I will do my best to participate in as much of this program as possible. If I choose not to complete the 6 weeks, I will return the pedometer to the Maplewood Township office. I will…

- Complete an informed consent and personal goal-setting questionnaire at the start of the program.
- Attend an initial pedometer set-up time and orientation scheduled for Monday, April 28th at either 1 PM or 7 PM. (If you are out of town on that day, other arrangements are possible.)
- Attend the educational presentations offered in Maplewood locations to the extent I can.
- Participate in as many of the Maplewood group walking sessions within the 6-week period as possible.
- Walk on my own as much as possible and keep a daily record of my steps as instructed.
- Log and report my weekly steps to the coordinator by email or phone.

If the pedometer is lost or damaged within the 6-week program, I agree to notify the program leader and purchase a replacement ($20) in order to complete my participation in the program. I understand that participation in this program is voluntary and my success depends on my level of commitment. Upon completing the program the pedometer is mine to keep.

Informed Consent Required for Participation: I, _____, acknowledge by signing this form that I have been fully informed as to the details of the Maplewood Loves Wellness with Count on Yourself ™ Walking Program (the "Program") and that the Program will not include any medical advice. If I have any questions or doubts as to my health or my ability to safely participate in this Program, it

is my responsibility to consult my physician or other health care provider.

On behalf of myself and anyone in any way related to or affiliated with me, I hereby release and forever discharge Risa Olinsky, MA, LLC (DBA, Count on Yourself™ Coaching), the Township of Maplewood and the leaders of Maplewood Loves Wellness and all of their affiliates, agents, heirs, and assigns, from any claims, demands, or liabilities that may arise from my participation in the Program.

I accept any and all risks associated with my participation in the Program and assume all responsibility for and relinquish any claim for any liability resulting from such participation. I have fully read and understood the above.

Signature_____ Date: _____/_____/__2014___

Name (Print) _____ **Male / Female**

D.O.B. _ _____/_____/_____

Home Address:
_____**Maplewood NJ**

Home Phone: _____

Cell: _____ _____**]**

Email Address:
_____**@**_____
_____

Person to notify in emergency :
_____ _____ _

Phone: _____ _____ ___
_____