		□ Virtual or □ In-person SESSION:, 2022  Address:	
PLEASE PRINT Name:			
City:		Zip Code:	County:
E-mail:		Phone:	Date of Birth:
	Congratulations on	being committed	to a healthier you!
	your StrongBodies <sup>TM</sup> Re-Enrolliks and no later than 2 weeks prior		omplete this form and return it no sooner aggested donation is \$20.
Mail to:	StrongBodies Program ADRC of Eau Claire County 721 Oxford Avenue, Rm 113 Eau Claire, WI 54703		Aging & Disability Resource Center of Eau Claire County
•	ommitted to completing the enes No	tire 10-week progr	am by missing fewer than 1-2 classes?
The All	emergency, contact:eir telephone number is:ergies/medical condition:eur Hospital of choice:		
Strong	ing changed in your Medical H Bodies paperwork? Yes s, please request new "Medica	No	Health since last completion of your ent Health Survey").
•	voluntarily enrolled in the Stro Yes No	ongBodies progran	1?
muscle		of heartbeat, abnor	ted with exercise which may include mal blood pressure, and in very rare
Do you release everyone who has designed, promoted, or conducted the StrongBodies program from all claims, or liabilities whatsoever resulting from your participation? Yes No			
may re	sume all risks and responsibili sult from your participation in Yes No		amage, or any other adverse event that
	ree to be photographed in clastional materials? Yes	_	that your photo may be utilized in
Signature	REQUIRED		Date

If you require accommodations to participate in the program or need this form in a different format, please contact the Prevention Program Coordinator at (715) 839-7998 or TTY 711.