CLASS DAYS/TIME:	□ Virtual <i>or</i> □ In-p	erson SESSION:	, 2025
PLEASE PRINT Name:	Address:		
City:	Zip Code:	County:	
E-mail:	Phone:	Date of Birth:	
E-mail:  Race:   White   Black/AA   Ethnicity:   Hispanic/Latinx   No		ne or more races not listed	
Congratulat	ions on being committed	to a healthier you!	
To process your StrongBodies Re than 6 weeks and no later than 2 v	**		o sooner
Mail to: StrongBodies Prog ADRC of Eau Clai 721 Oxford Avenu Eau Claire, WI 547	re County e, Rm 1130	Aging & Disability Resource Center of Eau Claire County	
Are you committed to complete Yes No	ng the entire 10-week progr	am by missing fewer than	1-2 classes?
Allergies/medical condit Your Hospital of choice Has anything changed in your I StrongBodies paperwork?	is:ion:  Medical History or Current I Yes No	Health since last completion	n of your
(If yes, please request new Have you voluntarily enrolled i Yes No	"Medical History and Curr n the StrongBodies program	• .	
Do you understand that there are muscle soreness, fainting, d instances, heart attack?	isorders of heartbeat, abnorr		-
Do you release everyone who h from all claims, or liabilities		•	
Do you assume all risks and resmay result from your particle.  Yes No		amage, or any other advers	se event that
Do you agree to be photographe promotional materials?		that your photo may be ut	ilized in
Signature REQUIRED		Date	
	to participate in the program or i revention Program Coordinator (		nat,

<sup>\*</sup>Check your email for confirmation that you are on the roster two days before classes start.\*