



Thank you for expressing interest in learning more about the BONE BUILDERS Program. This program is designed to assist women <u>and</u> men in reducing osteoporosis risk through exercise, nutrition and education. The program is based on the knowledge and experience of other successful programs throughout the country.

Trained volunteers lead group sessions at 14 sites in Chemung County. It is important to know that attendance at weekly group sessions is "highly recommended" to allow for success at meeting individual and program goals. There is an annual fee of \$10.00 due at the time of enrollment and then yearly with an updated enrollment form.

To register, please complete the following steps:

- Complete both sides of the enclosed Enrollment Form; sign and date the Informed Consent; and number your preferred locations 1, 2, 3. All information will be confidential.
- Enclose a check for \$10.00 payable to CVAC.
- Return the completed enrollment form, the site listing and the check in the enclosed envelope to:

CVAC – Chemung Volunteer Action Corps 425 Pennsylvania Avenue Suite 107 Elmira, NY 14904

Once we receive your information you will be contacted regarding your enrollment in the BONE BUILDERS Program. Every attempt will be made to place you at your number one preferred site.

We look forward to hearing from you. If you need other information or have questions, please call the CVAC office at 734-4453.

Sincerely,

Connie T. Shelford
CCE Association Program Educator II



CORNELL COOPERATIVE EXTENSION OF CHEMUNG COUNTY BONE BUILDER ENROLLMENT FORM

NAME:		TODAY'S	TODAY'S DATE:	
Address:				
(Street, Box#)	(City)	(State)	(Zip code)	
Phone:	Email:			
Date of Birth://	Gend	er:FM		
Emergency contact:				
Name:				
Address:				
Phone:	Relation	ship to you:		
•	Informed Consent & W	vaiver each		
It is your responsibility to cont to be participating in this or an program is completion of the a	y other exercise program. P	art of the enrollment	process for this	
By signing these enrollment fo osteoporosis exercise program.	= = =	n and participate in th	ne Bone Builder	
Applicant Signature:	Print Name:		Date:	

ACKNOWLEDGMENT OF RISK, WAIVER & RELEASE - EXERCISE

(THIS FORM MUST BE COMPLETED BY ALL PARTICIPANTS WHO MUST ALSO BE 18 YEARS & OLDER)

I, the undersigned hereby apply to participate in the BUILDER EXERCISE program to be conducted in cooperation with Cornell Cooperative Extension Ass	BONE
BUILDER EXERCISE program to be conducted in cooperation with Cornell Cooperative Extension Ass. CHEMUNG County and I acknowledge as follows:	ociation of
I fully understand and acknowledge that there are inherent risks and dangers in my participation in the all activities and my participation in said activities and use of any equipment or other materials related to sum may result in my injury, illness or death and damage to or loss of my personal property. I acknowledge the been provided with the materials further explaining the risk and dangers of weight bearing exercise. I unother participants, accidents, forces of nature or other causes may cause these risk and dangers and I here acknowledge and accept these risk and dangers.	ich activities hat I have derstand
I am in good health and <u>I am at or above the minimum age of 18</u> required to participate in this activity able to participate in any strenuous physical activity associated with this activity and understand <u>it is my responsibility to consult with my medical provider about my participation.</u> I agree to and accept ful responsibility for wearing appropriate clothing and footwear.	sole
I herewith release, forever discharge and waive any right of recovery or subrogation against Corn-Cooperative Extension of CHEMUNG County, Cornell University and their respective officers, distrustees, employees, members and volunteers from any and all liability whatsoever for any illness of including death or damage to or loss of my personal property that I may sustain while I am particitable program. This shall be binding on my heirs, successors, assigns, administrators and executors claims or disputes arising out of my participation in the activity shall first be submitted to arbitrative venued in the Supreme Court of the State of New York of the CHEMUNG County, the choice of shall be at the sole discretion of CCE.	rectors, or injury, ipating in Any ion and/or
I HAVE READ THE ABOVE AND RELATED DOCUMENTS OR I ACKNOWLEDGE, IF VER BELOW BY THE INSTRUCTOR, THAT I HAVE HAD THIS DOCUMENT READ TO ME AT REQUEST AND BY SIGNING IT I AGREE IT IS MY INTENTION TO PARTICIPATE IN THI INDICATED ACTIVITY AND I UNDERSTAND AN ACCEPT ALL THE RISKS INVOLVED.	MY
DATE OF ENROLLMENT:	
DESCRIPTION OF PROGRAM: BONE BUILDER EXERCISE PROGRAM	
PARTICIPANT'S FULL NAME (print)	
DATE OF BIRTH:	
ADDRESS:	
SIGNATURE: DATE:	
CCE EMPLOYEE: SIGNATURE:	
This form must be kept in CCE Association files for seven (7) years from date of program.	

<u>Preferred Exercise Location</u> – Please indicate your top $\underline{3}$ class preferences below by numbering them 1 - 2 - 3.

Appleridge	Tuesday & Friday – 9:30 am
Big Flats Community Center	Tuesday & Thursday - 10:00 am
Chapel Park, Pine City	Tuesday — 3:00 pm & Thursday — 1:00 pm
Erin Town Hall – AM	Thursday 9:00 am
Erin Town Hall – PM	Monday & Thursday – 4:00 pm
First Presbyterian Church, Clinton Street	Tuesday & Thursday - 9:30 am
First United Methodist Church, Broad St, Hhds.	Tuesday & Thursday – 9:30 am
Grace Episcopal Church, Church Street	Monday & Wed. – 10:00 am
New Beginnings UMC, Miller Street, Southside	Thursday - 10:00 am
North County Senior Center <u>Now at Appleridge</u>	Mon., Wed, Friday - 10:30 am
Pennsylvania Avenue UMC, Pine City	Mon., Wed, Friday – 9:30 am
Spencer-Van Etten, Van Etten Village Hall, 3 Gee St.	Mon. & Wed. – 10:00 am
West Elmira Town Community Center	Monday & Wed. − 9:00 am
Westside UMC, 743 W. First Street, Elmira	Monday & Wed. – 2:00 pm

While preference is taken into consideration, placement is contingent on available space at the preferred site.