

Default Question Block



Go Red For Women® *BetterU* Challenge

Take A Challenge That Could Save Your Life!

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® *BetterU* 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® Challenge! We will be selecting 10 women, over the age of 18, in southwest Missouri, who will be featured at the Go Red For Women Luncheon on August 24th, 2018. 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 heart healthy lifestyle change.

Women chosen to participate in the Go Red For Women® 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® Challenge, the participants will receive:

- Free wellness screenings before and after the challenge by Mercy Women's Heart Center
- A personal trainer twice weekly for 12 weeks through the Springfield- Greene County Park Board
- A chiropractic treatment package, including adjustments, therapies, and acupuncture (as needed) by Loehr Chiropractic
- Free 3-month gym membership at any of the Springfield-Greene County Park Board's three family centers

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

- Attend Go Red luncheon on August 24th, 2018 (ticket provided)
- Attend personal training sessions as scheduled weekly with the Springfield Park Board Personal Trainers
- Attend weekly group classes for the 12 weeks
- Complete preliminary and final heart risk assessment at Mercy Women's Heart Center

- Attend Meet & Greet event on May 3rd, 2018 at the American Heart Association office 5:30 pm – 7:30 pm
- Appear on stage and/or in a video that will be shown at the Go Red event on August 24, 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.

If you would like to be considered for the Go Red For Women® BetterU Challenge, please complete the application at http://americanheart.betteruspringfield.qualtrics.com/jfe/form/SV_ewUdw2VyOLqv9pH and mail or email a photo (which will not be returned) to:

American Heart Association
 Attn: Melissa Gerke
 104 Corporate Lake Drive
 Columbia, MO 65203
 email: melissa.gerke@heart.org
 fax: 573-445-6243

Applications must be submitted by end of business day April 20, 2018. Applicants selected to participate will be notified April 30th, 2018.

BetterU Challenge Locally Sponsored by:



Contact Information

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

Demographic Information

Ethnicity:	<input type="text"/>
Do you smoke?	<input type="text"/>
If Yes, are you willing to quit?	<input type="text"/>
Employer:	<input type="text"/>
Date of Birth:	<input type="text"/>
Number of children / ages:	<input type="text"/>
Marital Status:	<input type="text"/>

Are you a legal resident of the United States?

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?

Does your company have an employee wellness program?

If yes, what are the components of the program?

Describe your typical work day

What does your work/life balance currently look like?

ABOUT YOUR PHYSICAL ACTIVITY READINESS:

Please check all 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 am over 50, haven't been physically active, and am planning a vigorous exercise program.
- I'm pregnant and my healthcare professional hasn't given me the OK to be physically active.

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

ABOUT YOUR REGULAR PHYSICAL ACITIVITY

Do you have a gym, fitness center, or class that you regularly attend?

Is there any reason you cannot start an exercise program?

If yes, please explain

Please describe your last week of physical activity.

Monday

Tuesday

Wednesday

Thursday

Friday

Saturday

Sunday

Please describe any specific activities or classes you are involved with, i.e. classes, programs, routines like crossfit, etc.

ABOUT YOUR NUTRITION HABITS:

How often do you eat out for lunch or dinner?

- More than 1 time per day
- 1 time per day
- More than three times per week
- 1 - 2 times per week

If you eat out, on average what kind of establishment do you eat at? (Choose all that apply)

Drive Thru/Fast Food

- Chain Restaurant
- Buffet
- Other

Who is the primary cook in your home?

ABOUT YOU:

Has anyone in your family had any heart related issues? Check all that apply.

- High Blood Pressure
- Heart Attack
- Stroke
- Coronary Heart Disease
- Enlarged Heart
- Irregular Heart Rate

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

Have you suffered from heart disease, stroke, or any related heart condition?

- 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? If so, please briefly describe your experience.

Have you ever been charged, arrested, or convicted of a crime?

- Yes
 No

If yes, please provide details and dates:

Do you have any pending civil lawsuits?

- Yes
 No

If yes, please provide 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? Please select all that apply.

- Facebook
- Twitter
- Instagram
- Tumblr
- Pinterest

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 20, 2018. Applicants selected to participate will be notified by April 30th, 2018. The Challenge kick-off will be May 3rd, 2018. Program managers reserve the right to extend the deadline as necessary.
3. Additional applications are available by contacting the American Heart Association, 2446 E Madrid, Springfield MO 65804 or 417-881-1121.
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. All finalists must provide a proof of medical clearance to participate from their physician in order to be eligible to participate in the BetterU 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):**
 - **Attend Go Red luncheon on August 24th, 2018 (your ticket will be provided)**
 - **Attend weekly educational meetings (Saturdays, starting May 19) and personal training sessions**
 - **Complete preliminary and final heart risk assessment**
 - **Attend Meet & Greet event on May 3, 2018**
 - **Appear on stage and/or in a video that will be shown at the Go Red event on August 24th, 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, psychological 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.

By signing below, I confirm that I have read and agreed to the terms of the BetterU Challenge (above).
Please type your First and Last name below.
