



**Registration and Consent Form  
Designing Your Life in the Blue Zone  
October 13 - November 23, 2019**

Complete and send registration/consent form and \$40 (check/cash payable to Tracey Shadday) via US Mail or e-mail to: 426 Barney's Pebble Rd., Charleston, VT. 05872. After **October 17, 2019** mail to: 3902 Doral Drive, Tampa, FL. 33634. E-mail: [HealthCoachTracey@gmail.com](mailto:HealthCoachTracey@gmail.com). Payment via Venmo is accepted.

**Contact Information**

Your Name. \_\_\_\_\_

Mailing Address \_\_\_\_\_  
\_\_\_\_\_

Phone \_\_\_\_\_. Can you receive texts? \_\_\_\_\_

E-mail address \_\_\_\_\_

The **Designing Your Life in the Blue Zone** program offers support through weekly group coaching calls using an audiovisual conference platform (Zoom) and community sharing through a private Facebook page. Both are voluntary but will add immensely to the experience. Which evenings are you available for a group coach call? (check all that apply):  Monday.  Tuesday  Thursday

If you are on Facebook what is your Facebook name? \_\_\_\_\_

An increasing number of research studies demonstrate the emotional, mental and spiritual benefits of journaling. Your **Blue Zone**® campaign experience will be the perfect opportunity to set aside time

to journal about your experience. I have created a tracker and planner for your use during our journey. Would you like a copy? \_\_\_\_\_ (no extra cost)

Healthy behavior change involves your social circle. If you're not accountable to anyone, it's easy to slip and make excuses. If your friends and family know you are cutting out sweets and soda they can support your efforts. By sharing your experience through social media or text you extend your support team. The world's longest lived people chose—or were born into—social circles that supported healthy behaviors. Okinawans created "moais"—groups of five friends that committed to each other for life. Research from the Framingham Studies shows that smoking, obesity, happiness, and even loneliness are contagious. So the social networks of long-lived people have favorably shaped their health behaviors. (<https://www.bluezones.com/3-blue-zones-life-gather-your-support-system/>). Consider who you can invite to join you on the experience.

### **Exercise Liability Waiver/Informed Consent Form Brainiac Walking Challenge**

I, \_\_\_\_\_, have voluntarily enrolled in a health program offered by Tracey Shadday, MPH, CHES, CHWC. I understand that any exercise or fitness activity involves a risk of injury as well as changes in blood pressure, fainting and a remote risk of heart attack, stroke, other serious disability or death. I am accepting such risks and volunteering to participate with full understanding of the dangers involved. In consideration of my participation, I hereby waive and release Tracey Shadday from any and all claims, costs, liability and expense for any injury, loss or damage whether known, anticipated or unanticipated, arising from my voluntary participation.

I hereby affirm that I am in good physical condition and do not suffer from any known disability or condition which would prevent or limit my participation. I have been advised that an examination by a physician should be obtained by anyone prior to commencing a fitness/exercise program, or initiating a substantial change in the amount of regular physical activity performed. If I have chosen not to obtain a physician's consent prior to beginning this program, I hereby agree that I am doing so solely at my own risk. If I have any questions or concerns about whether or not a particular activity is appropriate to my current health status, I understand it is my responsibility to ask my doctor if this activity is appropriate before I participate.

I acknowledge that I have thoroughly read this form in its entirety and fully understand it. I understand that it contains a release of liability. By signing this document, I am waiving certain rights I or my successors might have to bring a legal action or assert a claim against Tracey Shadday.

\_\_\_\_\_ (Participant Signature)

\_\_\_\_\_ (Date)