

REQUEST TO PARTICIPATE IN THE MAPLE CENTER JUMPSTART PROGRAM

The Maple Center Jumpstart Program is a 10 day program (plus pre and post screenings along with a follow up event at the end of the program). It is an educational program which encourages a positive outlook on life while helping participants make lifestyle changes in regard to their diet, exercise and smoking with the emphasis of the program on healthy eating.

I am a voluntary, active participant in **THE MAPLE CENTER JUMPSTART PROGRAM** As a participant I will receive the following services:

1. A Health Screen before and at the end of the program which includes a fasting blood sample to measure my cholesterol (total, HDL, LDL & ratios), triglycerides and fasting blood sugar.
2. Guidance by lecture, small group discussion, DVD, book and hand-outs. Most will be online resources.
3. Guidelines for a low fat, low cholesterol program along with recipes, food samples and demonstrations.
4. After the 10 day Jumpstart Program, access to a community alumni group that meets on a regular basis for continued support (free).

I understand that I may expect some of the following physical changes in response to **The Maple Center Jumpstart Program**:

1. Reduction in elevated blood sugar levels.
2. Reduction in elevated blood pressure.
3. Lowering of total cholesterol, LDL cholesterol, and triglycerides and an improved total cholesterol/HDL ratio.
4. Possible weight loss
5. Possible reduction of medications taken for high blood pressure, blood sugar & lipids, and angina pain.

Prior to starting The Maple Center Jumpstart Program, I will consult with my healthcare provider. Before making any changes in my medications I will consult with my healthcare provider. To the best of my knowledge, I have no physical or medical conditions that would be adversely affected by participating in The Maple Center Jumpstart Program. I have accurately provided my full and current medical history and medications to both my healthcare provider and to The Maple Center Jumpstart Program. I will immediately inform my healthcare provider should I experience any medical problems while participating in the program.

I agree to take full responsibility for any food allergies or intolerances I may have and understand that this involves my personal inquiry about the ingredients of any food served.

I understand that my test individual results are confidential but may be used for statistical analysis and group summaries.

I understand that there is a risk involved in collecting blood samples for the lipid profile. This requires venipuncture by a phlebotomist where my vein is punctured by a needle. Risks associated with venipuncture include fainting, collapse of the vein, and/or infection.

I AND MY HEIRS AND ASSIGNS RELEASE, HOLD HARMLESS, AND INDEMNIFY: THE MAPLE CENTER JUMPSTART PROGRAM, PLANTPURE NATION, KAREN CUNNINGHAM, AND ALL MAPLE CENTER JUMPSTART PROGRAM STAFF AND PLANNING COMMITTEE, AND ANY OF THEIR RESPECTIVE REPRESENTATIVES OR AFFILIATES FROM ANY DAMAGE, HARM, OR INJURY THAT, IN ANYWAY RELATE TO OR ARISE OUT OF MY PARTICIPATION IN THE MAPLE CENTER JUMPSTART PROGRAM.

I have carefully read this form before I signed it. I have had an opportunity to ask questions about The Maple Center Jumpstart Program and possible risks. My questions have been answered to my satisfaction. I also understand that I am free to ask any questions pertaining to The Maple Center Jumpstart Program at any time. I have not been promised anything for my participation in this program. I understand that I may withdraw from The Maple Center Jumpstart Program at any time. I am not currently suffering under any condition that would impact my ability to understand and sign this document.

The Maple Center Jumpstart Program Participant Signature _____

Printed Name _____ Date _____

The Maple Center Staff Witness Ssignature _____

Printed Name _____ Date _____