



## Go Red For Women® 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 2016 Go Red For Women® 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 in the greater Duluth area, who will be profiled on our Web site and in the media. Finalists are encouraged to adopt lifestyle changes such as increased physical activity and healthy eating and record their experiences through an online blog, social media and other public outlets. We hope that others will follow these women through their challenge, and be inspired to begin a healthy lifestyle of their own.

Applicant must:

- Must be at least 21 years old
- Reside in Duluth or Twin Ports area
- Participate in the full 10 week challenge
- Have a desire to improve health in at least one of these areas:  
Weight loss, lower cholesterol, reduce stress, quit smoking

Women chosen to participate in the Go Red For Women® Challenge will take part in a 10-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, consultations with medical professionals and access to fitness facilities.

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

- Attend kick-off event in December
- Have access to the internet
- Attend the Go Red for Women Luncheon
- Participate in media interviews

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 diverse group of positive thinkers. Most importantly we are looking for people who are ready to make a positive change to their health (examples: lose weight, lower cholesterol, reduce stress, quit smoking, etc.).

If you would like to be considered for the Go Red For Women® Challenge, please fill out the attached application and return it along with to:

American Heart Association,  
[Heather.Hughley@heart.org](mailto:Heather.Hughley@heart.org) or

Attn: Go Red For Women Makeover Challenge  
US Bank Place  
130 W. Superior St. #630  
Duluth, MN 55802

Applications must be submitted by **November 13, 2015**. Applicants selected to participate will be notified by November 25, 2015.

## Go Red For Women® Challenge Application

### CONTACT INFORMATION

Name:	
Street Address:	
City, State, ZIP Code:	
Home Phone:	
Work Phone:	
Email Address:	

### DEMOGRAPHIC INFORMATION

Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female
Ethnicity:	
Current Occupation:	
Date of Birth:	
Number of children / ages:	
Marital Status:	
Are you a legal resident of the United States?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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?	<input type="checkbox"/> Very active <input type="checkbox"/> Moderately Active <input type="checkbox"/> Sedentary
Does your company have an employee wellness program?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, what types are some main components of the program?	
Are you able to incorporate exercise in a typical work day?	<input type="checkbox"/> Yes <input type="checkbox"/> No

## PHYSICAL ACTIVITY READINESS

Check all the boxes below that apply:

- ☐ I have a heart condition and my healthcare professional recommends only medically supervised physical activity.
- ☐ During or right after I exercises, 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'm pregnant and my healthcare professional hasn't given me the OK to be physically active.
- ☐ I am over 50, haven't been physically active, and am planning a vigorous exercise program.

**IMPORTANT:** If you selected one or more of these items, you need to see your healthcare professional for clearance prior to applying to be one of our Go Red For Women® Challenge participants.

## ACTIVITIES

During the past year, what was your average time per week spent on physical activities?

	Zero	1-19 min	20-59 min	One Hr.	1. 5 Hr.	2-3 Hr.	4-6 Hr	7+ Hr.
Weekly average	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## ABOUT YOU:

Why do you want to be one of our Go Red For Women® Challenge participants?

**What are your goals regarding your health?**

**What part of your health are you most unhappy with?**

**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?**

**Have you ever been charged, arrested, or convicted of a crime? ☐ Yes ☐ No If yes, please give details, and dates:**

**Do you have any pending civil lawsuits? ☐ Yes ☐ No If yes, please give details and dates**

**ABOUT YOUR INTERNET ACTIVITY:** Go Red For Women® Challenge participants will be expected to be Web savvy individuals. You must have access to a personal computer with Internet access in order to keep up an online diary of your efforts in the program.

**Do you have access to the Internet and e-mail on a daily basis? ☐ Yes ☐ No**

**How many hours a week do you visit the Internet, including E-mail?**

☐ 0-1 Hour ☐ 2-3 Hours ☐ 4-6 Hours ☐ 7-10 Hours ☐ 11 or more hours

**Do you have your own blog?**

☐ Yes. ☐ No.

**If yes, please give us the focus of the blog and the URLs:**

**Do you like to visit and read other blogs?**

☐ Yes. ☐ No.

**If yes, which ones?**

**Eligibility Requirements, Consents and Releases**

1. All participants must be over the age of 21 and be residents of the continental United States.
2. Applications must be submitted by November 13, 2015. Applicants selected to participate will be notified by November 25, 2015. Program managers reserve the right to extend the deadline as necessary.
3. Additional applications are available by contacting Heather.Hughley@heart.org
4. 10 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. Any finalist who has marked a box under the physical activity readiness questionnaire of this application will be expected to provide proof of medical clearance to participate in the 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 kick-off event in December
  - Have access to the internet
  - Attend the Go Red for Women Luncheon on March 2, 2016
  - Participate in media interviews
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. Content on your blog will be limited to topics related directly to the Go Red for Women® Challenge
16. 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.

### **Terms and Conditions -- Go Red For Women® Enrollment**

By submitting my application I acknowledge that I am enrolling in Go Red For Women®, a program for women created by the American Heart Association, Inc. ("AHA").

I am engaging in the Go Red For Women®/AHA Program voluntarily and for my own personal reasons. I understand that it is my responsibility to consult with a physician regarding heart disease.

The Go Red For Women®/AHA programs I am enrolling in may advocate or involve physical activity such as exercise. Such physical activity is a potentially hazardous activity that may involve certain risks. By participating in AHA programs, I assume all associated risks. It is my responsibility to consult with a physician to determine my ability to engage in any and all activities associated with the Go Red For Women®/AHA Programs. It is also my responsibility to use equipment, clothing, and technique that are appropriate for the activities related to the Go Red For Women®/AHA Programs. I am solely responsible for my own safety.

I agree to not sue, and to release, indemnify and hold harmless, Go Red For Women®/AHA and its affiliates, officers, directors, volunteers and employees, and all sponsors of the AHA programs sponsors and the agents of such sponsors, from any and all liability, claims, demands, and causes of action whatsoever, arising out of my participation in the Go Red For Women®/AHA programs, whether arising from the negligence of any of the above parties or from any other cause. The foregoing release, indemnification, and hold harmless shall be as broad and inclusive as is permitted by the state in which I live.

I consent to the aggregation of my non-identifying information with like information from other people, and I consent to the release of such aggregated information to other parties, including but not limited to the sponsors of Go Red For Women®/AHA. I authorize Go Red For Women®/AHA to mail me information about the AHA Programs or about other AHA offerings.

I acknowledge and agree that the AHA may discontinue certain AHA programs without notice to me and that I shall have no continuing rights in the AHA programs upon such termination.

I assert that I am the person about whom the information I am providing relates.

If any portion of this agreement is held invalid, the balance shall continue in full force and effect.

### **Agreement and Signature**

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal. I hereby acknowledge that I have read, and I meet and agree to be bound by the Go Red For Women® Challenge eligibility requirements. If any of the above information is found to be false, I understand that this will be grounds for my dismissal from the Go Red For Women® Challenge participant selection process and/or the actual project. Even if I meet the eligibility requirements, the producers have no obligation to interview me and/or select me as a participant; and decisions by the program managers concerning the selection of the contestants are at the sole discretion of the program managers. I acknowledge and agree their decisions are final and not subject to challenge or appeal.

Name (printed):	
Signature:	
Date:	

If you do not wish to receive free educational materials from this program, you may delete your name and e-mail from our mailing list by e-mailing [Heather.Hughley@heart.org](mailto:Heather.Hughley@heart.org). Or you may write to us with your name, address and email to: ***Go Red For Women®*** ***Membership, American Heart Association, 130 West Superior St, ste 630, Duluth, MN 55802***. Note: Please make sure your name and address match the information that you provided during registration. We apologize for any inconvenience if you are sent an email in error.