

**ADULT REQUEST TO PARTICIPATE IN THE
WABASH VALLEY LEAF PROGRAM (LIFESTYLE EDUCATION AND FOOD)**

The **Wabash Valley LEAF** program is an eight-class (plus commencement celebration) educational course which encourages a positive outlook on life while helping participants make lifestyle changes in regard to their diet, exercise and smoking.

I am a voluntary, active participant in the Wabash Valley LEAF program being conducted at International Union of Operating Engineers Local #841. The program's medical director is Kathleen Stienstra, MD. The program coordinator is Karen Cunningham. As a participant I expect to receive the following services:

1. A Health Screen before and near 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. Two lifestyle evaluations with written recommendations.
3. Instruction by lecture, small group discussion, DVD, book and hand-outs.
4. Instructions for a moderate, progressive exercise program.
5. Guidelines for a low fat, low cholesterol program along with recipes, food samples and demonstrations.
6. The *21-Day Weight Loss Kickstart* resource book by Neal Barnard, MD and a program notebook. (Optional for alumni)
7. After the 9-week LEAF program, alumni meet on a regular basis for continued support (free).

I understand that I may expect some of the following physical changes in response to the LEAF 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. Loss of excessive weight, usually 6-10 lbs. during the 9-week program.
5. Possible reduction of medications taken for high blood pressure, blood sugar & lipids, and angina pain.

I accept full responsibility for informing my physician of my participation in the LEAF program and of my test results. I will consult with my physician before making any changes in my medications. To the best of my knowledge, I have no physical or medical conditions that would be adversely affected by participating in the LEAF program. I will inform my physician 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 results are confidential but may be used for statistical analysis and group summaries.

I understand that there is a slight risk involved in collecting the small sample of blood for the lipid profile. This requires blood collection by an experienced professional where skin is punctured by a needle. Though highly remote, the risks include the possibility of fainting and slight bleeding at the site and infection.

I RELEASE THE *LEAF* PROGRAM, DR. NEAL BARNARD, KATHLEEN STIENSTRA, MD, PC, KAREN CUNNINGHAM, *LEAF* STAFF AND LEADERSHIP TEAM, THE MAPLE CENTER INC. AND STAFF INTERNATIONAL UNION OF OPERATING ENGINEERS LOCAL #841, UNION HOSPITAL, SAINT MARY-OF-THE-WOODS COLLEGE, TERRE HAUTE CHAMBER OF COMMERCE, POMEROY WELLNESS COMMITTEE INCLUDING ALL COMMUNITY PARTNERS, CLABBER GIRL, AND ANY OF THEIR RESPECTIVE REPRESENTATIVES OR AFFILIATES FROM ANY LIABILITIES, WHETHER CAUSED BY NEGLIGENCE OR OTHERWISE ARISING OUT OF MY PARTICIPATION IN THE *LEAF* PROGRAM.

I have carefully read this form before I signed it and have had an opportunity to ask questions about the LEAF 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 LEAF program at any time.

LEAF Participant Signature _____

Printed Name _____ Date _____

LEAF Staff Witness Signature _____

Printed Name _____ Date _____