



"A Healthier Weigh" Participant Consent

I have voluntarily enrolled in a 12-week program for health and fitness offered by Colorado State University Extension (Bent, Kit Carson, Logan, Morgan, Phillips, Washington and Yuma counties and SE Area Extension counties). The goal of "A Healthier Weigh" is to become more fit by changing lifestyle practices. Participants will do this by increasing physical activity and learning about and implementing recommended nutrition, health and fitness practices.

I understand participation in "A Healthier Weigh" may be associated with some risks because of increasing physical activity. I understand each person may react differently to fitness activities and these reactions cannot be predicted with complete accuracy. If I am under a physician's care for any chronic health condition that may affect my ability to participate, I have consulted with my health care professional and received approval. To the best of my knowledge I do not have any limiting physical conditions or disability that would preclude me participating in this program.

Information on team steps submitted will be provided to participants and the media periodically throughout the event, but individual participant names will not be identified. At the conclusion of "A Healthier Weigh", team results will be given and members of the teams will be identified, but no individual results will be released. Participants will be requested to complete a Pre-Assessment at the beginning of the program and a Post-Assessment and Program Evaluation at the end to determine changes in nutrition, health, and fitness that have occurred during "A Healthier Weigh". Aggregate information on the results of all participants will be used to report program effectiveness and behavioral impacts to Colorado State University.

Your signature acknowledges that you have agreed to participate in the "A Healthier Weigh" program.

1) Signature _____ **Date** _____

Printed Name _____

I agree to allow any pictures taken during the program to be used as part of publicity or reporting on A Healthier Weigh.

2) Signature _____ **Date** _____

Printed Name _____

I agree to allow any pictures taken during the program to be used as part of publicity or reporting on A Healthier Weigh.

3) Signature _____ **Date** _____

Printed Name _____

I agree to allow any pictures taken during the program to be used as part of publicity or reporting on A Healthier Weigh.

4) Signature _____ **Date** _____

Printed Name _____

I agree to allow any pictures taken during the program to be used as part of publicity or reporting on A Healthier Weigh.

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Colorado State University Extension is an equal opportunity provider. | Colorado State University does not discriminate on the basis of disability and is committed to providing reasonable accommodations. | CSU's Office of Engagement and Extension ensures meaningful access and equal opportunities to participate to individuals whose first language is not English.

Colorado State University Extension es un proveedor que ofrece igualdad de oportunidades. | Colorado State University no discrimina por motivos de discapacidad y se compromete a proporcionar adaptaciones razonables. | Office of Engagement and Extension de CSU garantiza acceso significativo e igualdad de oportunidades para participar a las personas quienes su primer idioma no es el inglés.

"A Healthier Weigh"

Research Consent



As part of the 12-week A Healthier Weigh program, we would like to use the information we collect from your participation for research purposes. The research examines the effectiveness and impacts of this educational program on knowledge gains and behavioral changes of key factors that reduce risks for chronic disease. We would like to present results of our program at professional meetings and other venues.

At the conclusion of the program, all individual information will be destroyed and only aggregate information will be kept and reported. During the program, all of your information will be kept in secure files and will only be available to the Extension Agent in each county that is coordinating the program.

There is no direct benefit to you for allowing us to use your data for research, but it is hoped that our results will be able to improve our program as well as others who implement this same program. There are no known risks in letting us use your data for research purposes.

Letting us use your data for research purposes is voluntary and your decision will not affect your participation in this program. You may withdraw consent and stop participating at any time without penalty. If you withdraw from the program, any individual data collected will be destroyed at the time of your withdrawal.

Your signature acknowledges that you have read the information stated and willingly sign this consent form and you will allow us to use your data for research. Your signature also acknowledges you have received, on the date signed, a copy of this document.

1) Signature _____
Date

Printed Name

2) Signature _____
Date

Printed Name

3) Signature _____
Date

Printed Name

4) Signature _____
Date

Printed Name

Signature of person providing information _____
Date

Principal Investigator: Joy Akey, Yuma County Extension, 970-322-4151

Co-Investigators: Stephanie Starkebaum, Phillips County Extension, 970-854-3616

Jaci Wagner, Logan County Extension, 970-522-3200

Katie Seelhoff, Morgan County Extension, 970-542-3540

Ariel Eddings, Bent County Extension, 719-456-0764

McKayla Stephen, Kit Carson County Extension, 719-346-5571

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