

Exercise Challenge

Program Goal

Goal is to encourage people to participate in regular, aerobic exercise. A heart healthy exercise program should include at least 30-60 minutes of aerobic activity five to six times a week.

What To Do

- Read the Rules and Regulations, Health Check and Release below.
- Record and sign your full name as shown on the example.
- For each day you exercise, record the minutes you spent exercising.
- An exercise must be aerobic to be counted.
- Aerobic activity must last a minimum of 15 minutes to be counted.

Examples of aerobic activities include: brisk walking, jogging, hiking, swimming, bicycling, tennis or racquetball, basketball, aerobic dancing, jumping rope, rowing, roller skating, rollerblading, stair climbing or skiing and snowboarding.

Exercise Challenge is sponsored by:

 Salinas Valley Memorial Healthcare System

Rules and Regulations

1. Exercise Challenge 2019 sponsored by Salinas Valley Memorial Healthcare System is open to all organizations and individuals in Monterey County except those that gather solely for the purpose of exercising together, such as athletic clubs.
2. To enter, organizations must return the Entry Form by January 31, 2019. Workplaces that enter the program are not required to provide time off for their employees to exercise. Organizations and individuals may withdraw at any time.
3. Once an organization has entered the program, all of its members are eligible to enter except as specified in #1 above. Individual participants can sign up on the Exercise Challenge 2019 Progress Chart. Participants may withdraw from the program at any time.
4. Individuals that answer YES to one or more of the Health Check questions located on the waiver within the mobile app should obtain their physician's approval before participating in Exercise Challenge 2019.
5. First, second and third place prizes will be awarded in each category based on the total number of minutes of exercise divided by the number of members/employees participating in the program. Categories include organizations with 1- 5 participants, 6-10 participants, 11-15 participants, 16-25 participants, 26-50 participants, 51-100 participants, 101-500 participants and 501 or more participants. For those participating individually and not part of an organization, first, second and third place prizes will be awarded based upon total minutes exercised.
6. All individuals that exercise at least 150 minutes per week during each of the four weeks will be eligible for raffle prizes.
7. Only aerobic exercise of at least 15 continuous minutes or more will be counted. Examples of aerobic activities include brisk walking, jogging, hiking, swimming, bicycling, tennis or racquetball, basketball, aerobic dancing, jumping rope, rowing, roller skating, rollerblading, stair climbing or skiing and snowboarding.
8. The program sponsors reserve the right to extend dates, interpret these rules and determine eligibility at their discretion.

Health Check

| | | |
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| 1. Have you ever been told by a doctor or health professional you have heart trouble? | YES | NO |
| 2. Do you frequently have pains in your heart and chest? | YES | NO |
| 3. Do you often feel faint or have dizzy spells? | YES | NO |
| 4. Have you ever been told by a doctor or health professional you have high blood pressure? | YES | NO |
| 5. Have you ever been told by a doctor or health professional that you have a bone or joint problem such as arthritis that has been aggravated by exercise or might be made worse by exercise? | YES | NO |
| 6. Are you pregnant? | YES | NO |
| 7. Is there a good physical reason not mentioned why you should not follow an activity program even if you wanted to? | YES | NO |
| 8. Are you older than 65 and not accustomed to vigorous exercise? | YES | NO |

If you answered YES to any of the questions above, you should obtain permission from your physician before participating in Exercise Challenge 2019.

Release

By participating and documenting minutes on the progress chart, I certify that I have read the contest rules and have answered in the Health Check to the best of my knowledge. I understand that Exercise Challenge 2019 is a community effort intended to increase the health of participants. In the considerations of accepting this entry, I the participant, intending to be legally bound, hereby for myself, my heirs, executors and administrators, waive and release all rights and claims for damages I may have against Salinas Valley Memorial Healthcare System, and the organization of which I am participating as a member or employee, their representatives, successors and assigns for any and all injuries suffered by me in said event. Consultations with a licensed medical doctor within the last six months respecting my fitness to participate in this contest is recommended.

This contest is subject to the rules and regulations as stated on the Exercise Challenge 2019 Progress Chart.

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Print copies of this form to complete during the 4-week Exercise Challenge program.

Exercise Challenge

Individual, organization or school name

| Please print and sign name: (First, middle initial and last) | M | T | W | TH | F | SA | SU | WEEK TOTAL | M | T | W | TH | F | SA | SU | WEEK TOTAL | TOTAL MINUTES |
|---|---|---|---|----|---|----|----|---------------|---|---|---|----|---|----|----|---------------|------------------|
| Example: June E. Smith <i>June E. Smith</i> | | | | | | | | | | | | | | | | | |
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Total number of participants

Total number who qualified each week

Grand total of minutes

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