

BoneBuilders of RI Brief Overview

Bone Builders is an innovative community-based program designed to promote bone health and overall well-being for both men and women. The program is currently fully supported by The Village at Waterman Lake, whose co-owner, Diane Caruso, has been a Bone Builder volunteer, class leader and organizer for more than fourteen years.

A BoneBuilder Master Trainer, Diane is so inspired by the results of BoneBuilders that several years ago she led trainings at The Village in order that we might offer classes to all Village residents. She has since expanded her vision, committing both time and resources to bringing the benefits of the BoneBuilders program to people throughout the state of Rhode Island. Diane's direction and encouragement has enabled The Village to successfully offer affordable BoneBuilders classes to the general public since 2013!

By creating this model of donation-based exercise programs we are very happy and excited to be able to provide incredible benefits and results to all of our participants.

What you'll need for class

- Hand and ankle weights sized according to your Leaders' discretion
- Proper shoes and active wear
- Bring plenty of water for an hour-long session
- Bring a smile and get ready to make new friends and feel good!

This class is designed with a multitude of different physical abilities in mind;

If you find the class is too easy for you, you are most likely not using enough weight.

Passionately Sponsored by:



AT WATERMAN LAKE
CATERED RETIREMENT LIVING



Details and Information

Before Each Class Starts: Please grab your nametags located near the attendance sheet and put a check next to your name under the day on the attendance sheet. Keeping track of attendance helps us to gauge our efforts.

Classes are 1 hour long and can sometimes go over the time in order to properly do each exercise. In the event classes go over the time and you have prior obligations, please do not hesitate to quietly exit the room. All leaders are trained to be empathetic of this occasional necessity.

We have provided two waiver forms in this packet. 1 is your personal disclosure of liability and the other is a medical clearance from your Primary Care Physician. We need the personal waiver prior to taking the class and the medical waiver should be returned as soon as possible and may be faxed to us directly from your Primary Care Physician (PCP). Please return this within 2 weeks, there is no need for an appointment with your PCP, simply drop it off to them.

Classes are cancelled when the location is not open or for extenuating circumstances. We also do not operate classes on Major holidays including, Christmas, Thanksgiving, Labor Day, Memorial Day, Columbus Day, New Year's Day, Veteran's Day, President's Day and Independence Day. We do operate on all other holidays including Victory day if the facility is open. Follow our Facebook page for alerts about cancellations or visit our website to view the cancellation feed. www.facebook.com/bonebuildersri

As it was mentioned on the Brief Overview- If you feel the exercises are too simple for you to benefit, you may not be using the proper weights. See if anyone in the class purchased weights that are beyond their comfort level that would be interested in trading or purchase larger weights.

Did you know?

As a BoneBuilder, you are entitled to the same referral bonuses that our Employees receive! If you refer The Village at Waterman Lake to someone who consequently moves in, you can either receive a \$250 referral bonus or you can opt to apply that amount to the new resident's first month rent! If you aren't familiar with The Village but would like to consider referring us in the future, please give me a call -- I would love to set a date to show you around. You can reach me at 401-949-1333 or email me at admin@bonebuildersri.com.

John Dionne

Director of Program Development
BoneBuilders of RI Administrator
The Village at Waterman Lake



BoneBuilders of RI

Passionately Sponsored by The Village at Waterman Lake
www.bonebuildersri.com

MEDICAL CLEARANCE STATEMENT FOR EXERCISE



Patient Name _____

Address _____ Phone _____

CLASS INFORMATION (Please do not Fax without this information present)

Class Address _____ Days/Times _____

Your patient would like to participate in an on-going osteoporosis prevention exercise program. The **BONE BUILDERS OF RI** Program is based on a program originally developed at Tufts University. Research reports published in the New England Journal of Medicine and JAMA Demonstrate conclusively that weight training and balance exercises give participants the strength and stability to significantly reduce incidents of falling and fracturing bones. The program has even been shown to be effective for participants in their 80s and 90s. Our exercise program consists of physical movement, balancing exercise and exercises using free weights. Your Patient needs your medical clearance in order to participate in our classes. Please let us know if any of the exercises mentioned would present a problem for your patient. If you would like to know more about the classes we hold in various locations, please be sure to contact us, we would really appreciate your future referrals. You can contact us by phone at (401) 949-1333 or by email at admin@bonebuildersri.com for any further needed clarification. **You are welcome to fax this to us at 401-949-1493.**

____ **YES** - My patient has no current medical problems to prevent participation in the **BONEBUILDERS OF RI** Program. I approve and support their participation in this progressive weight and balance training program.

____ **NO** - My patient is not eligible to participate in the **BONE BUILDERS OF RI** Program due to their current medical status.

Physician's Name _____ Date _____

Signature _____

Address _____ Phone _____

- ☐ Check here if you would like us to contact you with more information about the program. Thank you!
- ☐ Check here if you would be willing to display our Brochures in your facility. Thank you, we really appreciate your support!



Personal Waiver Form for BoneBuilders Class

Name: _____ ☐ Male ☐ Female

Address: _____

City: _____ State: _____ Zip: _____

Email: _____ Phone: _____

In an effort to keep expenses at a minimum, we utilize email whenever possible to disseminate useful information.

EMERGENCY CONTACT(S) AND TELEPHONE NUMBER(S)

Name _____

Phone: _____

The **BoneBuilders of RI** program includes physical movements as well as an opportunity for relaxation, stress re-education and relief of muscular tension. If at any time during the class, you feel discomfort or strain, gently come out of the posture. You may rest at any time during the class. It is important that you listen to your body, and respect its limits on any given day.

I, the undersigned, understand that BoneBuilders of RI is not a substitute for medical attention, examination, diagnosis or treatment. I should consult a physician prior to beginning any activity program, including BoneBuilders of RI. I recognize that it is my responsibility to notify my teacher of any serious illness or injury before every class. I will not perform any postures to the extent of strain or pain.

I am aware that physical movements, balancing exercises and exercises involving the use of free weights, involve certain inherent risks which may result in personal injury. I freely agree, by my participation in these classes, to assume and accept any risk of injury that may result and I accept that neither the instructor, nor the hosting facility or The Village at Waterman Lake, is liable for any injury, or damages, to person or property, resulting from participating in the class. **It is your responsibility to notify us of any medical conditions that may arise at a later date that may inhibit your ability to perform these exercises or be a detriment to your safety.**

Name (Print)

Signature

____/____/____
Date

How did you hear about us? ☐ Friend/Family ☐ Signage ☐ Facebook ☐ Other

Please Explain: _____

Are you interested in signing up for our Village Online Newsletter? You may cancel this at any time easily within any of our mailings. ☐ YES ☐ NO (If yes, please make sure you provided your email above)

Please note: All information on this form is kept confidential; we do not share or sell email addresses or any other information. **Those under 18 years of age must have this form signed by a parent or guardian.**