

## **Welcome to S.A.I.L. Fitness Whidbey**

S.A.I.L. Fitness Whidbey is a collaborative program offered by Island Senior Resources and Whidbey Health. Together, we are proud to provide opportunities for our community to stay active, connected, and independent.

Island Senior Resources offers several **in-person S.A.I.L. Fitness classes each week on Whidbey Island**, free or by donation.

Whidbey Health offers **free online S.A.I.L. Fitness classes each weekday** for those who prefer to participate from home.

Our shared goal is simple: to make these classes accessible, welcoming, and available to as many community members as possible.

## **Why S.A.I.L. Fitness?**

S.A.I.L. Fitness is a proven, evidence-based program that helps reduce the risk of falls while also supporting balance, strength, and confidence. Just as importantly, it helps reduce isolation by bringing people together. The program is open-source, which means there are no licensing fees once instructors are certified—good news for our community, because it helps keep classes affordable and widely available. You can learn more at [www.sailfitness.org](http://www.sailfitness.org).

S.A.I.L. classes can be offered in many community spaces, and the more classes we have, the more options there are to move, connect, and enjoy being active together. S.A.I.L. stands for **Stay Active and Independent for Life**, and that is exactly what these classes are designed to support.

And the best part? We do it together. Many people arrive not knowing anyone and leave with new friends. There is encouragement, laughter, and music—always music.

## **Getting Started**

Please complete the paperwork included in this packet and return it to Island Senior Resources, either at the Oak Harbor or Bayview location. You may also mail it in to PO Box 939, Freeland WA 98249. We are happy to fax the physician's release for you—just fill out the forms and drop them off.

Once your completed forms are received, you will begin receiving a weekly reminder email from Island Senior Resources with in-person class locations and information on how to sign up for an assessment (available through our website).

You may begin attending in-person classes right away. If you would also like to attend online classes, we will help connect you with WhidbeyHealth for a simple Zoom orientation. Don't worry—it's easy, and the goal is just to make sure your home space feels safe and comfortable for movement.

We look forward to welcoming you to a class very soon.

Please let us know how you would like to attend:

- I would like to attend In Person Classes Only
- I would like to attend Zoom Classes Only
- I would like to attend both In Person & Zoom Classes.

## Physician Release Form

Please share this information sheet with your primary care provider.

Participant's name: \_\_\_\_\_

*Please Print*

### The SAIL Program

Falls among older adults are the single greatest cause of injury hospitalizations in Washington State. Older adults who do strength and balance exercises regularly can decrease their risk of falling. The Senior Falls Prevention Study (funded by Centers for Disease Control, coordinated by Washington State DOH and Northwest Orthopedic Institute) showed that seniors who attended the study exercise classes at least 2 times per week for one year decreased their falls by 26 percent. A grant extension from the CDC has allowed us to translate the research findings into a Senior Exercise Class that can be implemented in the community.

**The SAIL program is a strength and balance fitness class which meets 2 to 3 times per week for one hour. There are up to 20 participants in each class and the exercises can be done sitting or standing. The class includes aerobics, balance exercises, strength training with wrist and ankle weights, and stretching exercises. Classes are led by certified fitness instructors who have attended the SAIL Instructor Training Program.**

For motivation and evaluation, the class participants undergo "Fitness Checks" when they start the classes. These are repeated at regular intervals throughout the year. The Fitness Checks include:

- 8-foot Timed Up and Go (TUG) – measured in seconds
- Biceps Curl – measured by number of repetitions in 30 seconds (women: 5lbs., men: 8lbs.)
- Chair-Stand – measured by number of stands in 30 seconds

In addition to the exercises, we have added an education component. The *SAIL Information Guide* is a booklet which includes sections on how to prevent falls, a self-assessment for falls risk and determining readiness for exercise.

### Exercise Program Release:

Can this individual participate in the SAIL exercise program:  Yes  No

With the following restrictions:

Physician Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please return to:** Island Senior Resources 4594 SR 525, Langley 98260 or 917 E. Whidbey Rd, Oak Harbor, 98277. Email to [reception@senior-resources.org](mailto:reception@senior-resources.org) or Fax: 360-321-9369



www.senior-resources.org

(360) 321-1600



Stay Active & Independent for Life (SAIL)

a strength, balance, and fitness class for adults 65+

### Participant Enrollment Form

Today's date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
month / day / year

Your name: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
first name MI last name

Your address: \_\_\_\_\_  
street address

\_\_\_\_\_ state zip code  
city

Your phone number: (\_\_\_\_\_) \_\_\_\_\_  
area code number

Your email address: \_\_\_\_\_

Your physician/health provider's name: \_\_\_\_\_

Their phone number: (\_\_\_\_\_) \_\_\_\_\_  
area code number

Your age (in years): \_\_\_\_\_ Date of birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
month / day / year

What is your gender?  Male  Female

What is your race? (check all that apply)

- White
- Black or African American
- American Indian and Alaska Native
- Asian
- Native Hawaiian and Other Pacific Islander
- Hispanic
- Other: \_\_\_\_\_

Do you take four or more medications on a daily basis (including over-the-counter medications)?

Yes       No

Please list your medications:

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Do you regularly have one or more drinks of alcohol per day?       Yes       No

Within the past **3 years** has your doctor told you that you have any of the following problems?

During the past year, have you had any hip, knee, ankle or foot surgeries?       Yes       No

Condition	Yes	No	Don't Know
Arthritis of the knees			
Arthritis of the hips, knees, ankles			
Chronic Obstructive Pulmonary Disease (COPD)			
Emphysema			
Asthma			
Congestive heart failure			
Heart attack or other heart problems			
Thyroid problems			
Diabetes			
Parkinson's disease			
Cancer (not including skin cancer)			
Cataracts/glaucoma/macular degeneration			
High blood pressure/hypertension			
Epilepsy/seizures			
Back problems			
Peripheral neuropathy (including loss of feeling in feet or hands)			
Stroke			
Hip fracture			
Low blood pressure			
Osteoporosis (brittle bones)			
Hearing problems			
Other:			

What, if any, assistive devices do you use (check all that apply)?

- None
- Cane
- Walker
- Wheelchair/cart
- Other: \_\_\_\_\_

Have you fallen in the past three months? (Falling includes landing on the ground or at some other level, such as a chair or bed.)

- Yes       No

**If you have fallen in the past three months:**

How many times have you fallen? \_\_\_\_\_

Did any of these falls result in an injury that required medical attention?

- Yes       No

Do you have a fear of falling?

- Yes       No

Do you restrict your activities because you are afraid you might fall?

- Yes       No



**PARTICIPANT WAIVER**

The undersigned voluntarily agrees to participate in the S.A.I.L Fitness program sponsored by Island Senior Resources which offers classes throughout Whidbey Island on multiple days.

The undersigned recognizes that Island Senior Resources has not undertaken any duty or responsibility for his or her safety and the undersigned agrees to assume the full responsibility for all risk of bodily injury, death, disability, and property damage as a result of participating in the S.A.I.L Fitness program. The undersigned recognizes that these risks include: falling, fainting, heart attack, stroke, dehydration etc.

By my signature, I hereby state that I understand the risks involved in participating in the [S.A.I.L Fitness program and willingly and voluntarily accept these risks. By my signature, I hereby surrender any right to seek reimbursement from Island Senior Resources and its directors, officers, employees, volunteers and other agents for injury sustained and liability incurred during my participation in the activity described above. By my signature, I warrant that I am not relying on any oral representations, statements or inducement apart from the statements made on this form.

By signing below, the parties confirm that they have read, understand, and consent to the terms of this waiver agreement.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
ISR Representative Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date



**Participant Assumption of Risk, Waiver and Release**

I am 18 years of age or older, fully competent and I desire to participate in the Stay Active and Independent for Life (SAIL) program held online via Zoom or other web conferencing service hosted by WhidbeyHealth.

I have completed the "Are You Ready to Exercise?" self-assessment and have been assessed by a physician and determined to be able to participate in the SAIL exercise program. I understand and agree that if I experience any significant change in my health status, I will refrain from participating in the SAIL program until I have completed the "Are You Ready to Exercise?" self-assessment and have been cleared by a physician to participate.

I am fully aware of the fact that there are special dangers and risks inherent in this activity, including, but not limited to, the risk of serious physical injury, death or other harmful consequences that may arise or result directly or indirectly to me from my participation in this activity.

I understand that if I become injured or experience symptoms such as chest pain, shortness of breath, or loss of vision at any point during my participation in SAIL, I will cease my participation and seek medical care immediately.

Being fully informed as to these risks and in consideration of my being allowed to participate in the WhidbeyHealth sponsored activities and/or use of the WhidbeyHealth facilities, I hereby assume all risk of injury, damage and harm to myself arising from such activities or use.

I also hereby individually and on behalf of my heirs, executors and assigns, release and hold harmless WhidbeyHealth, its officials, employees, volunteers, SAIL instructors and agents and waive any right of recovery that I might have to bring a claim or lawsuit against them for any personal injury, death or other consequences occurring to me arising out of my voluntary participation in this activity.

Participant Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_