



YOUNGSTOWN STATE UNIVERSITY

1 Tressel Way, Youngstown, Ohio 44555

CONSENT FORM FOR PARTICIPATION IN FAMILY HEALTHY WEIGHT MANAGEMENT PROGRAM

Introduction

You are invited to participate in the Guin Fit Family Wellness, a Family Healthy Weight Management (FHWM) Program, funded through the CDC's REACH grant. This program aims to improve the health and well-being of children (ages 2-18) and their families by implementing the Mind, Exercise, Nutrition... Do It! (MEND) curriculum. The purpose of this study is to evaluate the effectiveness of the program through pre- and post-surveys and to facilitate participant registration. Your participation will help us evaluate the program's impact and guide future improvements in its delivery.

Purpose of the Program and Data Collection

The Guin Fit Family Wellness program is designed to help children and families:

- Achieve a healthy weight
- Improve nutrition and physical activity levels
- Develop positive behavior changes

The data collected will be used to evaluate the effectiveness of the MEND curriculum, focusing on nutrition, exercise, and behavior change. This evaluation includes pre- and post-program surveys that measure participants' progress and the program's overall outcomes.

Department of Graduate Studies in Health and Rehabilitation Sciences

Consortium of Community Health/Guin Fit

330.941.4208



YOUNGSTOWN STATE UNIVERSITY

1 Tressel Way, Youngstown, Ohio 44555

What to Expect as a Participant

- **Registration:** As part of the registration process, we require participants to present a valid photo ID to verify identity.
- **Surveys:** You will be asked to complete two surveys – one before the program begins (pre-survey) and one after the program ends (post-survey). Each survey will take approximately 10-15 minutes to complete.
 - **Pre-Survey:** Focuses on baseline health behaviors, dietary habits, and physical activity levels.
 - **Post-Survey:** Evaluates changes in health behaviors, nutritional knowledge, and physical activity after completing the program.
- **Program Awareness:** You may receive program awareness flyers and other educational materials to promote awareness and encourage community participation.
- **Photographs:** During the program, photographs or videos may be taken for documentation, educational, or promotional purposes. You can choose whether to consent to being photographed.

Voluntary Participation

Participation in this program is voluntary. You may choose not to participate or to withdraw from the program at any time without any penalty. You may also skip any survey questions you do not wish to answer.

Potential Risks and Benefits

Department of Graduate Studies in Health and Rehabilitation Sciences

Consortium of Community Health/Guin Fit

330.941.4208



YOUNGSTOWN STATE UNIVERSITY

1 Tressel Way, Youngstown, Ohio 44555

- **Risks:** The potential risks associated with participation are minimal. You may experience mild discomfort while answering survey questions about health behaviors or personal experiences. Participation in physical activities will be tailored to individual fitness levels to minimize risk.
- **Benefits:** Potential benefits include improved health, fitness, nutritional knowledge, and increased motivation to maintain a healthy lifestyle. Your participation will also contribute to community health improvement and the development of effective weight management strategies.

Confidentiality

All information collected during this program, including survey responses, registration data, and photographs, will be kept **confidential**. You will be assigned a study ID number to protect your privacy.

- **Data Handling:** Data will be stored securely and only accessible to authorized research personnel. Any publication of results will use aggregated data and will not identify individual participants.
- **Anonymity:** Survey responses will be anonymized unless you voluntarily disclose identifying information for follow-up purposes.

Consent to Participate

By signing below, you agree to:

1. Participate in the **Guin Fit Family Wellness program**, including the **pre- and post-surveys** for evaluation purposes.

Department of Graduate Studies in Health and Rehabilitation Sciences

Consortium of Community Health/Guin Fit

330.941.4208



YOUNGSTOWN STATE UNIVERSITY

1 Tressel Way, Youngstown, Ohio 44555

2. Provide a **valid photo ID** during registration.
3. Allow the use of program awareness flyers.
4. **(Optional)** Agree to be photographed during program activities.

You acknowledge that:

- You understand the purpose, procedures, and potential risks/benefits of participation.
- You are at least **18 years of age** or the **legal guardian** of a participating child.

Parent/ Guardian Signature: _____

Contact Information

If you have any questions about this program or your participation, please contact:

Dr. Nicolette Powe, Principal Investigator

YSU Guin Fit Program

Email: [nwpowe@ysu.edu]

Kelley Frazier, Program Manager

YSU Guin Fit Program

Email: [kdfrazier@ysu.edu]

Department of Graduate Studies in Health and Rehabilitation Sciences

Consortium of Community Health/Guin Fit

330.941.4208



YOUNGSTOWN STATE UNIVERSITY

1 Tressel Way, Youngstown, Ohio 44555

Atinuke E Ibrahim-Ojoawo, Program Coordinator

YSU Guin Fit Family Wellness Program

Email: [aeogungbayi@ysu.edu]

For concerns regarding your rights as a participant, please contact the **Institutional Review Board (IRB)** at Youngstown State University.

-
- **Participant's ID (Printed):** _____
 - **Date:** _____

Department of Graduate Studies in Health and Rehabilitation Sciences

Consortium of Community Health/Guin Fit

330.941.4208



YOUNGSTOWN STATE UNIVERSITY

1 Tressel Way, Youngstown, Ohio 44555

PARENTAL/GUARDIAN CONSENT:

I, the parent and/or legal guardian of my Child, understand the nature of the Activities and the Child's experience and capabilities and believe the Child to be qualified to participate in the Activities. In exchange for the opportunity for the Child to attend and/or participate in the Activities, I hereby restate the waivers and declarations listed above on behalf of and with respect to my Child. I represent that I am at least 18 years of age, that I own and control all the rights that I am giving up by signing this waiver and that I have the power and the capacity to give up such rights. I understand and agree that this waiver shall be binding upon my Child, and my Child's heirs, assignees, executors and administrators.

TESTIMONIAL RELEASE AND ASSIGNMENT:

By checking this box, I hereby confirm that I have read, understand and agree to the terms set forth on EXHIBIT A, attached hereto.

GENERAL DISCLAIMER: The Activities are designed to support and promote exercise, fitness and a healthy lifestyle. HWP and the Facility are not engaged in rendering medical advice or professional services, and the Activities are not a substitute for professional diagnosis, treatment, cure or prevention of any health problem or disease. **IF YOUR CHILD HAS ANY HEALTH PROBLEM, OR IF YOU THINK THAT YOUR CHILD HAS ANY HEALTH PROBLEM, THE CHILD SHOULD NOT PARTICIPATE IN THE ACTIVITIES UNLESS YOUR DOCTOR TELLS YOU IT IS SAFE FOR YOUR CHILD.** Please let the Facility know if you have any questions or concerns.

Department of Graduate Studies in Health and Rehabilitation Sciences

Consortium of Community Health/Guin Fit

330.941.4208



YOUNGSTOWN STATE UNIVERSITY

1 Tressel Way, Youngstown, Ohio 44555

I also understand and agree that this waiver authorizes Guin Fit Family Wellness program and/or the Facility to release to my Child's physician all records in Guin Fit Family Wellness program and/or the Facility's possession, custody, or control concerning my Child's medical and psychological conditions, including but not limited to, the results of any mental health screening tests administered by Guin Fit Family Wellness program FHWMP and the Facility to my Child

Printed Name of Parent/Guardian: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Date: _____

Parent/Guardian Signature: _____

Department of Graduate Studies in Health and Rehabilitation Sciences

Consortium of Community Health/Guin Fit

330.941.4208



YOUNGSTOWN STATE UNIVERSITY

1 Tressel Way, Youngstown, Ohio 44555

Department of Graduate Studies in Health and Rehabilitation Sciences

Consortium of Community Health/Guin Fit

330.941.4208