

INFORMED CONSENT

Study Title: # 1045941-1 Cross-Sectional Study of a Community-Based Exercise Intervention:
Program Effectiveness in Delaware County, Indiana

Investigator:

Dr. Shannon Powers, School of Kinesiology, Physical Activities Building, Office #342, Ball State University, Muncie IN 47306 Phone: (765) 285-7976; Email: smpowers@bsu.edu

Inclusion Criteria: You...

- exercise in the program for 1 hour, at least 3 times per month for 3 continuous months.
- are physically capable of participating. This may require a physician's medical clearance.
- participate in all tests: blood pressure, height, weight, hand grip, hip & waist measurements, nutrition, and cognitive functioning.

Exclusion Criteria:

- You are aged 81 years or older.
- Pre-existing medical conditions or you do not provide the researcher with a signed physician's clearance form.
- We will not include you in the study until you attend the program 3 times per month for 3 continuous months.
- We exclude those who participate only partially in tests looking at obesity-related outcomes: blood pressure, height, weight, hand grip, hip & waist measurements, nutrition, and cognitive functioning.

Purpose: The purpose of this research study is to learn more about how exercise can make a positive impact on individual and family health.

Procedures: If you agree to take part in this year-long research study, you will participate in 1 hour of Zumba and bone strengthening activities. You will be tested once every 3 months for the following measurements:

- 1) hand grip & pinch strength
- 2) hip & waist measurements
- 3) height, weight, age, gender
- 4) blood pressure
- 5) nutrition
- 6) cognition

A report will be provided to you at the end of each test. Physiological assessments will take about 5min, nutrition assessments 15min, and cognitive assessments approximately 15min.

Storage of Data:

Consent forms will be stored in a locked filing cabinet in the researcher's office until all data is checked for errors. Participant names will be shredded immediately after data has been collected, cross-checked for mistakes, and assigned a number. Lastly, data will then be stored on the researcher's password-protected computer. Data will be collected using Qualtrics software and reports will be about large groups of people, not individual people. If you wish to no longer participate, your information will be deleted for the database.

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Risks or Discomforts

Muscle soreness may occur because of dance exercise, especially at the start of a regular exercise routine. You may choose not to participate and quit the study at any time at no negative consequence.

Who to Contact Should You Experience Any Negative Effects from Participating in this Study

Should you experience any negative effects from participating in the study, please talk to the person doing the measurements or Dr. Shannon Powers whose contact information are listed at the bottom of this form.

Benefits and Compensation

Benefits you may gain from participating in this study might include increased heart health, more energy, and a decrease in weight. A fitness report will be provided every three months. There is no monetary compensation.

Voluntary Participation

Your participation in this study is completely voluntary and you are free to withdraw at any time for any reason without penalty. Please feel free to ask any questions to the investigators before signing this consent form and at any time during the study.

IRB Contact Information

For questions about your rights as a research participant, please contact the Office of Research Integrity, Ball State University, Muncie, IN 47306, [\(765\) 285-5070](tel:7652855070), orihelp@bsu.edu

Consent

I consent to participate in this research project entitled, “Community-Based Exercise and Nutrition Program in Delaware County, Indiana.” I have had the study explained to me and my questions have been answered to my satisfaction. I have read the description of this project and give my permission to be photographed for advertisements or academic presentations. I have been given a copy of this informed consent form to keep for future reference.

Print Name:

Date:

Signature: _____

Researcher Contact Information

Dr. Shannon Powers, Associate Teaching Professor, School of Kinesiology

Ball State University

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