



Hiking for Fitness

Jackson In Action & KC Fitness



2023 Schedule & Guidelines

WEDNESDAYS 5:15 PM
SEPTEMBER 6 - OCTOBER 25

SATURDAYS 9:00AM
NOVEMBER 4 & NOVEMBER 11

Facilitated by Kathleen Clemons

SPONSORS



Hunter Fitness Schedule

Wednesdays 5:15 or Saturdays 9:00 a.m. Sharp!

Backpacks with weights in them are optional

It is always a good idea to wear bright colors when hiking. Boots or tennis shoes are fine for the hikes.

1. September 6th – Meet at Chamber of Commerce. Walking to the 1 mile mark and back on the Foundation Trail. Gradual hill, downhill on the way back.
2. September 13th - Walking Trail at the Ho-Chunk Tribal Complex. On this walk we will do 2 laps and with bands along the path. 2 miles.
3. September 20th – Lake Wazee – meet at the boat launch all the way at the end of the road, probably 1.5 miles from park entrance. **Allow extra time to get there.** About 2.5 miles. Small hills, paved.
4. September 27th – Meet at the Lunda Center parking lot. We will be walking on another part of the Foundation Trail, with a big hill on way back. About 2 miles.
5. October 4th Levis Mound. Cliffhanger Loop. 3.2 miles. Some steep hills. Hiking boots are good. If you have walking poles they would be good to use on this but also ok if you don't have them.
6. October 11th – East Fork Recreation Area* . Meet at the guard shack, this is an out and back course, flat, around 2.8 miles. Part paved, part trail.
7. October 18th - Highbank Road off of County K, **not in Neillsville.** Once on Highbank Road, go all the way until it dead ends. That is where I will be. Trail along the river. Around 2 miles.

8. October 25th – Skyline Golf Course – meet in the parking lot. Will be doing the trail in the golf course. Around 2.5 miles.
9. November 4th – SATURDAY AT 9:00 A.M. – NEW! Wildcat Trails in Humbird (not Millston). Wildcat Park, W9841 CTY HWY B, Humbird. More details coming later.
10. November 11th - (Saturday) – Millston Trails – Overlook Trail from Red Oak trail. You will take 94 south, exit at Millston and go left. Then left on N. Settlement Road **(within a half mile of freeway exit)**. You will go up about 4 to 5 miles and the lot is on the left. This road splits so stay on N. Settlement road. DO NOT TURN ONTO ANY OTHER ROADS – THE TRAILHEAD IS ON THE LEFT SO IF YOU TURN RIGHT SOMEWHERE, YOU HAVE GONE THE WRONG WAY. 3 miles, wear boots. This is hilly and a hard hike with some steep hills. I DO NOT GET CELL PHONE RECEPTION HERE SO I WILL NOT GET MESSAGES FROM YOU.

IF THERE ARE STORMS OR SEVERE WEATHER, I WILL TRY TO FIND AN ALTERNATE SPOT TO HAVE CLASS.

*Designates fees for State Parks. County park fees are waived. The instructor nor any sponsors are responsible for any tickets you receive if you do not pay park fees. If you get a ticket, it is not the cost to get into the park, it is more than that. So, support the parks in our area – we are lucky to have them.

Basic Guidelines

1. No drop in's to class – paperwork must be on file. If you participated in 2019 or after, you have paperwork on file and do not need to re-fill out unless your health status has changed significantly. New participants and those whose medical releases over 3 years old will need a new one. CHECK WITH ME, I KEEP A SPREADSHEET ON THIS.
2. EVERYONE MUST HAVE A MEDICAL RELEASE ON FILE TO PARTICIPATE except the kiddos, 17 and under. Paperwork still needs to be filled out for kids with releases signed.
3. You should have a small base of fitness to participate, such as the ability to walk 2 miles.
4. Always work at your own pace. Weights in the pack are always optional.
5. If you get any chest discomfort (pain, pressure) or pain in the back, arm, neck, jaw during class, immediately notify the instructor. If you get these symptoms outside of class, see your provider immediately. Please take this point seriously as this can put you, your friends who you hunt or hike with or this instructor in a bad spot.
6. ***Please do not bring your pets to class.*** I love animals but they are a distraction in my classes. I will not make any exceptions. Please do not put me in the spot to turn you away from class.
7. If you have to miss a class, don't worry about it. You can pick up the next one – life happens!
8. Your participation is voluntary and you can stop at any time.
9. If you have diabetes, it is your responsibility to carry a fast-acting carbohydrate with you during class such as juice or glucose tablets. Some medications such as glipizide, glyburide, or insulin may need to be adjusted for activity. Please speak to me about this.
10. If you have asthma, you ***must*** carry your inhaler with you. People tend to forget sometimes but please remember your inhaler.
11. Rain plan – if light rain, class is on. Wear a poncho or rain gear. If heavy rain, thunder or lightening, class will be cancelled. If I can use an indoor location, I will let you know. Any re-schedules will most likely happen on a Saturday.
12. I can be reached at:
 - a. Kathleen.clemons@ho-chunk.com
 - b. kathleenclemons0870@gmail.com
 - c. Work phone: 715-284-9851, ext 35308
 - d. Cell phone: 715-299-0870.
13. Please return all forms including the signed medical release to Kathleen Clemons, N8727 Joseph Road Black River Falls, WI, 54615. Those who work at HCN can interoffice to me.
14. All health information will be kept confidential and secure
15. **I AM AN ON TIME STARTER – I REALLY STILL (IN 2023) HAVE TO TELL PEOPLE THIS – I AM TIRED OF SAYING IT. I HAVE BEEN KNOWN TO LEAVE PEOPLE SO PLEASE BE ON TIME. ON TIME MEANS GEAR IS ON AND YOU ARE READY TO GO AT THE DESIGNATED START TIME. IF YOU ARE LATE AND WE HAVE LEFT, YOU ARE NOT CONSIDERED TO BE PART OF THE GROUP, YOUR HIKE IS ON YOUR OWN. FOR CHRONIC LATE PEOPLE, YOUR GOAL SHOULD BE TO BE AT CLASS BY 5:10.**

KC Fitness Boot Camp & Hunter / Hiker Fitness Classes

PROVIDER APPROVAL FOR BEGINNING / RESUMING EXERCISE

715-299-0870 fax 715-284-4574

_____ is in good / stable health and may

(Circle one)

participate in the Hunter / Hiker Fitness program **including a ½ mile walk for time** or Boot Camp classes.

No restrictions to activity

The following restrictions apply to this person

Date: _____

Provider's Name (Please print) _____

Provider's Signature: _____

Location of Provider: _____

Provider phone number: _____

If you have any questions concerning your patient's fitness program, please contact Kathleen Clemons, Exercise Physiologist at 715-284-9851, ext 5308 or 715-299-0870.

* The program is a safe, progressive and effective exercise program and individuals can work at their own pace. American College of Sports Medicine (ACSM) guidelines are used in prescribing physical activity. The classes are run by Kathleen Clemons. Background includes a Bachelor's Degree in Physical Education, Master's Degree in Kinesiology, certified by ACSM as a Clinical Exercise Physiologist, certified in Adult CPR, Certified Diabetes Educator, Certified Wellness Coach.

Quick Check Health Screening Form

Name: _____ Phone number: _____

Email address: _____

Emergency Contact: _____ Phone number: _____

Medical provider and phone number: _____

Have you had any of the following: Please explain if yes.

_____ Have you had **any** type of heart problems? If yes, what has the problem been?

_____ Have you had a stroke or TIA (transient ischemic attack)?

_____ Do you have diabetes or pre-diabetes? If yes, do you have any complications from diabetes?

_____ Do you have any bone or joint problems? If yes, what bones and joints?

_____ Do you get chest discomfort or pain with exertion or rest?

_____ Do you get overly short of breath with exertion or rest?

_____ Do you have any type of lung disease or asthma?

_____ Have you had any surgeries performed? If yes, what did you have surgery for?

Please list the medications that you are on:

Do you have any other medical conditions that should be disclosed? Please list below.

KC Fitness
Kathleen Clemons - Instructor
Informed Consent

The goal is to help you participate in a safe and effective exercise or activity program. I want to inform you of some conditions to look for before starting exercise and after you have begun your program.

The activities we will do in classes are designed to increase the workload of the cardiovascular system to improve its function. This can lead to improvements in your blood sugar, blood pressure, cholesterol and body weight. However, the reaction of the cardiovascular system to such activities cannot be predicted with complete accuracy. There is a risk of certain changes occurring during or following exercise. These changes include abnormalities of blood pressure and heart rate, ineffective heart function, and in very rare instances, heart attack, cardiac arrest and death. Please note, these events are extremely rare and by exercising regularly, you significantly decrease the risk of these events from occurring. Other exercises prescribed for you will help improve your strength and your balance. Thus, other problems that can occur from participating in an exercise program include but are not limited to: Falling, sprained or strained ankles, pulled or strained muscles / tendons/ ligaments, bone fractures or breaks, dizziness, asthma attacks or contusions and abrasions. In addition, we may run into wild animals since we are hiking.

A medical release is required prior to your participation. After approval it is up to you to inform Kathleen Clemons or your medical provider should any of the following problems occur: **If you have been experiencing chest pain or pressure, pain radiating to your jaw – arms – shoulders or shoulder blades, palpitations or fast heart rate, unusual shortness of breath or severe dizziness, I advise you to NOT begin your exercise program until you have had further evaluation of these symptoms. If you begin your exercise program and experience any of these symptoms you are advised to stop immediately and call 911 or your medical provider. If you are taking prescribed medications, please inform me of any changes you or your doctor have made with regard to use of the medications.** Many medications can affect your exercise tolerance and the response of your heart.

By signing below, I certify that I have read and understand the contents of this consent form. I have been informed of the potential risks and benefits, and knowing this, **I voluntarily consent to engage in fitness testing or an exercise program and I may voluntarily discontinue the program at any time.** I hereby expressly release, discharge and hold harmless from any liability whatsoever, Kathleen Clemons, any owner of a location hosting fitness events and any co-sponsors of the Hiker Fitness Program and or Boot Camp for any and all injury or damage to my person which might arise either directly or indirectly as a result of my participation in an exercise program.

PARTICIPANT

DATE: _____

PRINT NAME: _____

SIGNATURE: _____

PARENTAL APPROVAL FOR MINOR: SIGNATURE: _____

Jackson in Action (JIA) / KC Fitness (KCF)

Jackson in Action and KC Fitness Assumption of Risk,
Waiver and Release of Liability
Agreement Relating to Covid-19

This Assumption of Risk, Waiver and Release of Liability (“Agreement”) relates to the risk that I might be exposed to the novel coronavirus, COVID-19 if I participate in health promotion activities sponsored by JIA and KCF. COVID-19 has been declared a worldwide pandemic by the World Health Organization and is believed to be extremely contagious. Recommendations from federal, state and local governments and health agencies include social distancing and wearing face masks.

IN CONSIDERATION FOR BEING ALLOWED TO PARTICIPATE IN JIA / KCF SPONSORED ACTIVITIES, INCLUDING BUT NOT LIMITED TO COMMUNITY EDUCATION AND RECREATION ACTIVITIES, I ACKNOWLEDGE AND AGREE TO THE FOLLOWING PROVISIONS IN THIS AGREEMENT.

1. ACKNOWLEDGMENT, ACCEPTANCE AND ASSUMPTION OF RISKS.

- I acknowledge and accept that JIA and KCF cannot guarantee that I will not be exposed to COVID-19 as a result of participating in health activities.
- I acknowledge and accept that my participation in a JIA / KCF event could increase my risk of exposure to COVID-19 and could result in my contracting the virus.
- I acknowledge and accept that the risks of COVID-19 include, but are not limited to serious illness, permanent disability and death; and unknown risk may be associated with COVID-19.
- I voluntarily elect to participate in JIA / KCF health activities and accept and assume all of the risk related to exposure to COVID-19 while engaging in those activities, including known and unknown risks.

I SPECIFICALLY AGREE TO ASSUME ALL RESPONSIBILITY AND LIABILITY FOR ANY AND ALL ILLNESS, INJURY, PERMANENT DISABILITY OR DEATH I MAY SUSTAIN DUE TO EXPOSURE OF COVID-19 FROM PARTICIPATING IN A JIA / KCF SPONSORED HEALTH ACTIVITY.

_____ *Initials*