

Share your story!



Inspire others to improve their health and well-being through exercise by answering the following questions about how the SilverSneakers® fitness program has positively impacted your life. Please complete both sides of this form. Feel free to add a page if you need more space to share your success story.

Prior to enrolling in SilverSneakers, did you have a fitness membership (at a health club, YMCA, Curves®, etc.)?

- Yes, I had a membership during the year before joining SilverSneakers.
- Yes, but it was more than a year before joining SilverSneakers.
- No

How long have you been a SilverSneakers member?

- <6 mo.
- 6 mo.–1 yr.
- 1–2 yrs.
- 3–4 yrs.
- 4–5 yrs.
- >5 yrs.
- >10 yrs.

How has SilverSneakers improved your well-being? (Check all that apply.)

- | | | |
|--|--|---|
| <input type="checkbox"/> Increased muscular strength | <input type="checkbox"/> Increased bone density | <input type="checkbox"/> Lost weight |
| <input type="checkbox"/> Improved flexibility | <input type="checkbox"/> Increased muscle mass | <input type="checkbox"/> Improved mood/outlook |
| <input type="checkbox"/> Improved balance | <input type="checkbox"/> Decreased joint pain | <input type="checkbox"/> Made new friends |
| <input type="checkbox"/> Improved coordination | <input type="checkbox"/> Lowered blood pressure | <input type="checkbox"/> No longer require/reduced usage of |
| <input type="checkbox"/> Increased stamina/endurance | <input type="checkbox"/> Reduced prescription or over-the-counter medication use | <input type="checkbox"/> wheelchair <input type="checkbox"/> walker |
| | | <input type="checkbox"/> cane <input type="checkbox"/> oxygen |

What motivated you to join SilverSneakers?

(Life event, medical condition, weight loss goal, desire to meet new friends, etc.)

How has SilverSneakers impacted your health and well-being?

Today my body is more toned and flexible, and my balance has improved. But the benefits go way beyond the physical – I have fun and look forward to each day. Being involved in SilverSneakers brings another dimension to my overall well-being!

– Cory K., California

What is your proudest achievement since joining SilverSneakers?

What is your next goal?

Permission to use statements, photos, or correspondence

Please read the information below carefully and ask if you have questions about this form or its uses. Tivity Health Services, LLC ("Tivity Health") respects the privacy of your information. We would like to use it as described below - if you agree, please complete this form as indicated below. "I hereby give Tivity Health and its affiliates the right to use my image, photos, verbal statements, recorded statements, or written correspondence obtained by Tivity Health (the "Information"), for any lawful purpose. I understand and acknowledge that the Information I share with Tivity Health may disclose the fact that I am a member of a specific health plan and may contain information regarding me and my experiences with products or services offered by Tivity Health or its affiliates."

I have read and agree to this consent. My name **may** be used when sharing my Information.

Please print.

Member Name _____ Date: _____

Address: _____ Phone: _____

City, ST ZIP: _____ Date of Birth: _____

Health Plan: _____

Email: _____

Primary SilverSneakers Location: _____

Signature: _____

Check this box if you wish to receive updates and information from your fitness plan via email. Your email address will not be shared with any third parties and you may opt out at any time.

Please return to:

Tivity Health Representative: _____

SilverSneakers Location: _____

Fax: _____ Email: _____

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