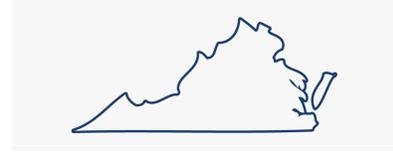


Walk/Run or Bike for Your Life! - Virginia Edition



EAST TO WEST - U.S. ROUTE 58

Program Guidelines

PURPOSE: To promote physical fitness and wellness for the JEBLC community.

ELIGIBILITY:

- A. Active Duty Personnel and the family members (18 years or older)
- B. Retirees and their family members (18 years or older)
- C. DOD Civilians and their family members (18 years or older) who are assigned to JEB Little Creek-Fort Story.

SIGN-UP PROCEDURES:

Participants should consult the guide for any conditions with starting or continuing an exercise program. If the participant has one or more of the listed conditions, he/she must get a physician's referral and/or clearance before starting the program. **Participants should officially enter by registering online.**

Rules/Procedures:

- A. Each participant is responsible for providing their mileage at least once a week. Participants can complete this miles at any location.
- B. Once registered, participants will receive an e-mail with link provided to submit their weekly mileage on Sunday. The Fitness Coordinator will add up the mileage to identify at the end of the incentive program which participants completed their set mileage goal. Participants will receive a prize for completion of either option; walk/run 508 miles (East to West through U.S. Route 58), or bike 1016 miles (one way and back).
- C. These Programs are not competitive.
- D. There is no time limit for each mile increment to be reached.
- E. This Incentive Program starts on April 1 and ends on July 31, 2021

Point of Contact:

For Walk, Run, and Bike for Your Life Incentive Program: JEBLC Rockwell Hall/Pierside (757-462-2399).



**JEBLC ROCKWELL HALL/PIERSIDE
WALK/RUN OR BIKE FOR YOUR LIFE – VIRGINIA EDITION (U.S. ROUTE 58)
ENTRY FORM**

Choose the program that you would like to register for:

- ***Walk/Run for Your Life! (508 Miles E to W) or***
- ***Bike for Your Life! (1016 Miles E to W x2)***

Name: _____

Work Phone: _____ Home Phone: _____

Unit Department: _____

Email Address: _____

If military family member, name of unit of Sponsor: _____

Home Address: _____

Age: _____ Date of Birth: _____

Do you have any conditions to exercise as listed in this entry booklet?

YES: _____ NO: _____

Please read the following statement and sign if you agree:

To the best of my knowledge, I am in good health and I do not have any of the conditions listed in this booklet. If I do, I understand that I must provide a physician's referral and or clearance before I am eligible to participate in this program. I voluntarily elect to participate in this program.

Signature

Date

PATIENTS NAME: _____
PHONE: _____

PHYSICIAN REFFERAL

Your patient wishes to participate in an exercise program at JEB Little Creek-Fort Story, Virginia. Participation in this program for individuals of the age of 55, or those who indicated an existing health condition require prior approval from their physician before beginning this program.

1. Please check any the following conditions which are pertained to this patient:

- | | |
|--|--|
| <input type="checkbox"/> Coronary Heart Disease | <input type="checkbox"/> Hypoglycemia or Diabetes |
| <input type="checkbox"/> Congenital Heart Disease | <input type="checkbox"/> Claudication |
| <input type="checkbox"/> Valvular Heart Disease | <input type="checkbox"/> Syncope |
| <input type="checkbox"/> CABG | <input type="checkbox"/> Significant musculoskeletal |
| <input type="checkbox"/> COPD Disorder (specify) _____ | |
| <input type="checkbox"/> Hypertension | <input type="checkbox"/> Pregnancy |
| <input type="checkbox"/> Increased LDL or | <input type="checkbox"/> other (specify) _____ |
| <input type="checkbox"/> Decreased HDL | _____ |

2. Has a stress test shown any significant findings? _____

3. Is the patient taking any medications which could have an ill effect on an exercise program? _____

4. Based on the patient's health status, do you:

A: find no ill condition for participation in an exercise program

B: Because of the factors described above, Participation is advised with the following constraints: _____

C: Find inadvisable for participation in an exercise program at JEB Little Creek-Fort Story, VA

Physician: _____
Address: _____ Phone _____
City: _____ State: _____ Zip: _____
Signature: _____

Any Questions or Comments, please call 757-462-2399

WALK/RUN OR BIKE FOR YOUR LIFE! – VIRGINIA EDITION **PHYSICIAN REFERRAL GUIDELINES**

Participants must receive a physician's clearance if any of the following conditions exist:

1. Apparently healthy individuals age 55 or over
2. Diabetes (type I & II)
3. Pregnancy
4. Cardiovascular disease
5. Renal Disease (kidney)
6. Abnormal EKG
7. Polio/Muscular Dystrophy
8. Epilepsy
9. Liver Disease
10. High Blood Pressure (greater than 140/90)
11. Taking medication for the following:
 - a. Cardiac
 - b. Blood pressure
 - c. Thyroid
 - d. Emotional Anxiety
 - e. Cholesterol
 - f. Diabetes
12. Any serious illness
13. Any Musculoskeletal Problems or other problems that cause limitation
14. Cardiovascular symptoms:
 - a. Pain/ Discomfort in chest
 - b. Heart Palpitations
 - c. Shortness of breath
 - d. Pain in legs with exertion
 - e. Dizziness or faintness
15. Arthritis



WALK/RUN FOR YOUR LIFE! – VIRGINIA EDITION **PROGRAM GUIDELINES**

- Always try to walk/run with a partner
- Where to walk/run:
 - JEB Little Creek-Fort Story jogging route (ask Sports office for routes and distances)
 - Sulinski Track (ask Sports office for track distances)
 - JEB Little Creek-Fort Story Gymnasium Treadmills
 - Any other known route with distances
- Drink water before, during, and after walking running.
- Warm up for five to ten minutes before walking/running. This can be marching in place and dynamic movements to warm up your hips, legs as well.
- Cool down after you have finished your walking/running session. This includes a slow jog to walking allowing your heart rate to gradually go down for at least five minutes, then stretching.
- Stretching is very important for maintaining an injury free exercise or managing a current injury. Stretch after every exercise session. Do not bounce while stretching. Hold each stretch for at least 30 seconds. For runners it is important to at least stretch the quadriceps, hamstrings, glutes, calves, lower back, and hip flexors.
- Do not use hand or ankle weights while walking/running.
- Wear comfortable, loose fitting clothing. In cold weather, dress in layers so that you can remove layers as you warm up. In warm weather, wear cotton clothing. Always wear high visible clothing or reflective vest. Also, wear cushioned athletic, walking, or running shoes.
- Try to exercise so that your exerting yourself, but not so intensely that you are out of breath. You should be able to talk when you are exercising.
- When passing other runners or walkers, inform them that you are passing them and on what side you are passing. For example, when passing on their left, say “On Your Left!”
- Stop immediately if you feel pain in your chest, dizziness, shortness of breath, or abnormal discomfort. Consult your Physician.
- This is not a Competition, so go out there and HAVE FUN!!!



BIKE FOR YOUR LIFE! – VIRGINIA EDITION **PROGRAM GUIDELINES**

- Always try to bike with a partner
- Where to bike:
 - JEB Little Creek-Fort Story biking route (ask Sports office for routes and distances)
 - JEB Little Creek-Fort Story Stationary/Sport Bikes
 - Any other known route with distances
- Drink water before, during, and after biking.
- Warm up for five to ten minutes before biking. This includes dynamic movements and slow pedaling before exertions.
- Cool down after you have finished your biking session. This includes slow pedaling for at least five minutes, then stretching.
- Stretching is very important for maintaining an injury free exercise or managing a current injury. Stretch after every exercise session. Do not bounce while stretching. Hold each stretch for at least 30 seconds. For bikers it is important to at least stretch the quadriceps, hamstrings, glutes, calves, lower back, and hip flexors. Stretch upper back, triceps, biceps, and perform neck rolls to stretch out neck.
- Do not use hand or ankle weights while biking.
- Biking Shorts, regular shorts, or biking tights are recommended. Jeans or sweat pants can be worn as long as they are not overly loose. If too loose, they can get snagged in the chain and sprockets of the bike. In cold weather, dress in layers so that you can remove layers as you warm up. In warm weather, wear cotton clothing. Always wear cushioned athletic, walking, or biking shoes. Try to exercise so that your exerting yourself, but not so intensely that you are out of breath. You should be able to talk when you are exercise.
- When passing other bikers, runners or walkers, inform them that you are passing them and on what side you are passing. For example, when passing on their left, say “On Your Left!”
- Obey normal traffic laws while biking. Use hand signals while turning onto another roadway. Wear a reflective vest or clothing so traffic can see you.
- Stop immediately if you feel pain in your chest, dizziness, shortness of breath, or abnormal discomfort. Consult your Physician.
- This is not a Competition, so go out there and HAVE FUN!!!

