

Declaration of Independence

I pledge that I am taking responsibility for my health and well-being by becoming physically active to maintain and improve my physical health, brain health, physical independence and fitness.

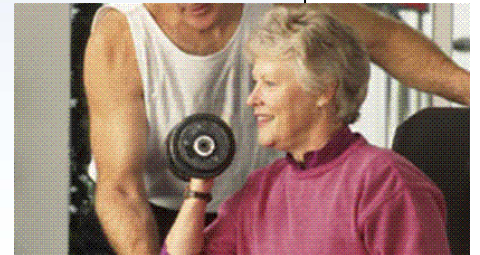
I understand that my level of physical activity and choice of activity helps in the prevention and management of cardiovascular disease, stroke, hypertension, type 2 diabetes, osteoporosis, obesity, colon cancer, breast cancer, anxiety, depression and the prevention and delay of cognitive impairment such a dementia and Alzheimer's.



I promise that in order to promote physical health and brain function I need to perform aerobic type exercise of moderate intensity for 30 minutes five days each week or 20 minutes of vigorous intensity three days each week.

I will take up muscle strengthening exercises that promote health and physical independence. The minimum of 8 to 10 exercises using the major muscle groups for 10 to 15 repetitions on two or more non-consecutive days each week of moderate to high level of intensity.

When I want to improve my personal level of fitness I understand that I need to exceed the minimum recommended amount of activity, especially when I need to improve or manage an existing disease where it is known that higher levels of physical activity have greater therapeutic benefits for the disease and further reduce the risk for premature chronic health conditions and death related to physical inactivity.



I vow that in order to maintain and improve my bone health I perform extra muscle strengthening activities and higher impact weight-bearing activities as tolerated.

When I need to prevent unhealthy weight gain I promise that I exceed the minimum recommended amounts of physical activity to a point that is effective for me in achieving energy balance, while considering diet and other factors that effect body weight.



To maintain the flexibility necessary for regular physical activity and daily life, I will perform stretching exercises that maintain or increase flexibility on at least two days each week for 10 minutes.

When I am at substantial risk of falls (e.g. frequent falls and walking/mobility problems) I need to include exercises that maintain or improve my balance.



When I have a medical condition I must have a physical activity plan that integrates prevention and treatment, one that effectively and safely treats my medical condition and perform these activities according to my abilities and conditions so as to avoid sedentary behavior.

I pledge to notify my physician of my intend to become physically active and exercise and when I change my activity plan. I also pledge that I will consult a certified and qualified fitness professional trained to work with persons like me to provide an effective and safe physical activity and exercise program that includes the activities mentioned above.



_____ sign your name here