



**CUMBERLAND PARKS & RECREATION**  
4097-DIAMOND-HILL-ROAD  
CUMBERLAND, RHODE ISLAND 02864  
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## **CUMBERLAND RECREATION DEPARTMENT**

### **PHYSICAL FITNESS CONSENT FORM**

I wish to participate voluntarily in class offered by the Recreation Department. I am aware that this class involves the following activities: muscular strength and endurance exercises, flexibility and stretching, I understand that this type of activity is not designed for people with known or apparent heart or lung disease.

I understand that with physical activities a gradual workload is put upon the cardiovascular system. Although certain reactions to these activities cannot be predicted, I understand that certain changes could occur during exercise such as: mild dizziness, fainting, and abnormalities in blood pressure and heart rate.

I further understand that it is strongly recommended that I receive a medical clearance from my physician prior to enrolling in such a class, especially if I am over 35 years of age and have not received a physical exam in the past three years, if I have ever experienced chest pain, if I have ever had elevated blood pressure. I understand that any staff person for such a fitness program is not qualified to render medical advice.

I have read the above mentioned information and fully understand it. Any questions, which I might have had, have been answered to my satisfaction.

I hereby release the Town of Cumberland, the instructor, and any other person or organizations from any claim, damage, or injury resulting from my participation in any activity classes by the Recreation Department.

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Signature

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Date