

Low Impact Exercise Waiver of Liability

Please read this form carefully.

In participating in this program you will be waiving and releasing all claims arising out of the Low Impact Exercise Class. In consideration of Resurrection Evangelical Lutheran Church providing the Low Impact Exercise Class and accepting me as a participant,

I, _____, Agree as follows:

I am fully informed of the details of the Low Impact Exercise Class and have received satisfactory answers to all questions I have concerning this class. I do hereby assume the full risk of any injuries and all costs, damages, and losses that I may sustain as a result of participating in any and all activities connected with or associated with the class.

I assume all risks associated with my participation in the class and release, indemnify and hold harmless instructors Linda Anderson and Nicki Ayer and their respective directors, officers, employees, agents, successors, and assigns, from and against any and all claims, damages, liabilities, and expenses arising from my participation in the class. I have read and fully understand the foregoing terms.

Signature of Participant

Date

Registration Form

Class Location _____

Name _____ Healthcare Provider _____

Address _____ City _____ Zip _____

Home Phone _____ Email _____

Emergency Contact _____ Phone _____

Birth Date _____ Sex: M F

For most people, physical activity should not pose any problem or health hazard. This health history has been designed to identify the adults for whom physical activity might be inappropriate or for those who should have medical advice concerning the type of activity most suitable for them.

Please read the questions carefully and answer the question as it applies to you.

- Yes No 1. Has your doctor ever said you have heart trouble?
- Yes No 2. Do you frequently have pains in your heart and chest?
- Yes No 3. Do you often feel faint or have spells of severe dizziness?
- Yes No 4. Has a doctor ever said your blood pressure was too high?
- Yes No 5. Has your doctor ever told you that you have a bone or joint problem(s), such as arthritis that has been aggravated by exercise, or might be made worse with exercise?
- Yes No 6. Is there a good physical reason, not mentioned here, why you should not follow an activity program even if you wanted to?
- Yes No 7. Are you over age 60 **and** not accustomed to vigorous exercise?
- Yes No 8. Do you suffer from any problems of the lower back, i.e., chronic pain, or numbness?
- Yes No 9. Are you currently taking any medications? If YES, please list:

- Yes No 10. Have you fallen in the last 6 months?
- Yes No 11. Have you told your healthcare provider that you are participating in this program?

If you answered yes to ANY of questions 1-10, you should consult your healthcare provider before participating in any exercise class. Regardless of your PAR-Q answers, we strongly recommend each participant contact their physician prior to entering the program.

Print Name

Signature

Date