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 fain 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 ____________

Yes □ No □ 12. Have you ever been told you have diabetes?

Yes □ No □ 13. Are you taking any medications that might cause vision problems?

Yes □ No □ 14. Do you suffer from any condition that might cause light-headedness?

Yes □ No □ 15. Do you suffer from any condition that might cause muscle weakness?

Yes □ No □ 16. Do you suffer from any condition that might cause difficulty in breathing?

Yes □ No □ 17. Do you suffer from any condition that might cause dizziness or fainting?

Yes □ No □ 18. Do you suffer from any condition that might cause joint pain or stiffness?

Yes □ No □ 19. Do you suffer from any condition that might cause difficulty in chewing or swallowing?

Yes □ No □ 20. Do you suffer from any condition that might cause difficulty in mobility?

Yes □ No □ 21. Do you suffer from any condition that might cause difficulty in getting up from a seated position?

Yes □ No □ 22. Do you suffer from any condition that might cause difficulty in using the bathroom?

Yes □ No □ 23. Do you suffer from any condition that might cause difficulty in walking?

Yes □ No □ 24. Do you suffer from any condition that might cause difficulty in using stairs?

Yes □ No □ 25. Do you suffer from any condition that might cause difficulty in using clothing or toiletries?

Yes □ No □ 26. Do you suffer from any condition that might cause difficulty in communication?

Yes □ No □ 27. Do you suffer from any condition that might cause difficulty in eating or drinking?

Yes □ No □ 28. Do you suffer from any condition that might cause difficulty in sleeping?

Yes □ No □ 29. Do you suffer from any condition that might cause difficulty in reading or writing?

Yes □ No □ 30. Do you suffer from any condition that might cause difficulty in using the telephone or computer?

Yes □ No □ 31. Do you suffer from any condition that might cause difficulty in performing daily activities?

Yes □ No □ 32. Do you suffer from any condition that might cause difficulty in driving or using public transportation?

Yes □ No □ 33. Do you suffer from any condition that might cause difficulty in using a microwave or toaster?

Yes □ No □ 34. Do you suffer from any condition that might cause difficulty in using a bathtub or shower?

Yes □ No □ 35. Do you suffer from any condition that might cause difficulty in using a sink or toilet?

Yes □ No □ 36. Do you suffer from any condition that might cause difficulty in using a refrigerator or freezer?

Yes □ No □ 37. Do you suffer from any condition that might cause difficulty in using a dishwasher?

Yes □ No □ 38. Do you suffer from any condition that might cause difficulty in using a washing machine or dryer?

Yes □ No □ 39. Do you suffer from any condition that might cause difficulty in using a vacuum cleaner or other cleaning equipment?

Yes □ No □ 40. Do you suffer from any condition that might cause difficulty in using a clock or timer?

Yes □ No □ 41. Do you suffer from any condition that might cause difficulty in using a calculator or other financial tools?

Yes □ No □ 42. Do you suffer from any condition that might cause difficulty in using a computer or other electronic device?

Yes □ No □ 43. Do you suffer from any condition that might cause difficulty in using a phone or other communication device?

Yes □ No □ 44. Do you suffer from any condition that might cause difficulty in using a TV or other entertainment device?

Yes □ No □ 45. Do you suffer from any condition that might cause difficulty in using a book or other reading material?

Yes □ No □ 46. Do you suffer from any condition that might cause difficulty in using a car or other vehicle?

Yes □ No □ 47. Do you suffer from any condition that might cause difficulty in using a bicycle or other transportation device?

Yes □ No □ 48. Do you suffer from any condition that might cause difficulty in using a wheelchair or other mobility aid?

Yes □ No □ 49. Do you suffer from any condition that might cause difficulty in using a cane or other walking aid?

Yes □ No □ 50. Do you suffer from any condition that might cause difficulty in using a crutch or other support device?

Yes □ No □ 51. Do you suffer from any condition that might cause difficulty in using a walker or other assistive device?

Yes □ No □ 52. Do you suffer from any condition that might cause difficulty in using a stair lift or other lifting device?

Yes □ No □ 53. Do you suffer from any condition that might cause difficulty in using a wheelchair lift or other lifting device?

Yes □ No □ 54. Do you suffer from any condition that might cause difficulty in using a transfer belt or other lifting device?

Yes □ No □ 55. Do you suffer from any condition that might cause difficulty in using a transfer board or other lifting device?

Yes □ No □ 56. Do you suffer from any condition that might cause difficulty in using a transfer pole or other lifting device?

Yes □ No □ 57. Do you suffer from any condition that might cause difficulty in using a transfer chair or other lifting device?

Yes □ No □ 58. Do you suffer from any condition that might cause difficulty in using a transfer aid or other lifting device?

Yes □ No □ 59. Do you suffer from any condition that might cause difficulty in using a transfer device or other lifting device?

Yes □ No □ 60. Do you suffer from any condition that might cause difficulty in using a transfer device or other lifting device?

Yes □ No □ 61. Do you suffer from any condition that might cause difficulty in using a transfer device or other lifting device?

Yes □ No □ 62. Do you suffer from any condition that might cause difficulty in using a transfer device or other lifting device?

Yes □ No □ 63. Do you suffer from any condition that might cause difficulty in using a transfer device or other lifting device?

Yes □ No □ 64. Do you suffer from any condition that might cause difficulty in using a transfer device or other lifting device?

Yes □ No □ 65. Do you suffer from any condition that might cause difficulty in using a transfer device or other lifting device?

Yes □ No □ 66. Do you suffer from any condition that might cause difficulty in using a transfer device or other lifting device?

Yes □ No □ 67. Do you suffer from any condition that might cause difficulty in using a transfer device or other lifting device?

Yes □ No □ 68. Do you suffer from any condition that might cause difficulty in using a transfer device or other lifting device?