

tai chi^{for} Balance



Alegent + Creighton Health

Tai Chi: Moving for Better Balance 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 Tai Chi for Balance, Tai Chi: Moving for Better Balance (TCB, TCMBB) Program. In consideration of _____ providing the TCB, TCMBB Program and accepting me as a participant,

I _____, **Agree as follows:**

I am fully informed of the details of the TCB, TCMBB Program and have received satisfactory answers to all questions I have concerning the TCB, TCMBB Program. 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 TCB, TCMBB Program.

I grant Tai Chi for Balance the right to record, broadcast, and otherwise use in any media my performance in the TCB, TCMBB Program and to use my name, likeness, voice, and biographical information concerning the TCB, TCMBB Program.

I assume all risks associated with my participation in the TCB, TCMBB Program and release, indemnify and hold harmless certified instructor _____, 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 TCB, TCMBB Program. I have read and fully understand the foregoing terms.

Signature of Participant

Date

HEALTH HISTORY

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 disease?
- ___ ___ 2. Has your doctor ever said your blood pressure was high?
- ___ ___ 3. Do you frequently have chest pains?
- ___ ___ 4. Do you frequently have back or joint pain? If yes, which joints?

- ___ ___ 5. Do you often feel faint or have spells of severe dizziness?
- ___ ___ 6. Do you have osteoporosis?
- ___ ___ 7. Do you have arthritis? If yes, please list the affected joints:
- ___ ___ 8. Do you use medications on a regular basis? If yes, please list these medications:

- ___ ___ 9. Have you fallen in the last 6 months?
- ___ ___ 10. Do you have any other physical condition that would keep you from safely participating in this program?
- ___ ___ 11. Have you told your doctor that you are participating in this program?

If you answered yes to ANY of questions 1-10 you should consult your physician before participating in an exercise class.