

Participant Release Form 2018-2019 Senior Fit Program Year

Senior Fit Location: _____

Fall Semester **Winter Semester** **Both**

I understand that this physical fitness program is a group exercise activity that may include exercises to build the cardiorespiratory system (heart and lungs) and the musculoskeletal system (muscle endurance, strength, and flexibility). Components may include but are not limited to low impact aerobics, strength training, stretching, balance and coordination exercises. Twice per year a fitness assessment is offered to measure progress. I acknowledge that all fitness tests undergone are merely for informational purposes and do not declare my fitness, or lack of fitness for participation in the Senior Fit Program.

There are potential risks with any exercise program. I hereby certify that I know of no medical problems that would preclude exercise, and I accept any risk of illness or injury as a result of my participation in this exercise program. I have submitted to ST. JOSEPH MERCY OAKLAND a health provider consent form within 12 months of today's date. If my health status changes during the year, I will consult my Physician about when to return to Senior Fit. I understand it is my responsibility to inform the class instructor(s) of any medical condition(s) that I may have. Furthermore, I understand that clogs, sling-back shoes, sandals and bare feet are not allowed.

I hereby release and hold harmless the site owner/operator of the exercise program; and ST. JOSEPH MERCY OAKLAND, their agents, employees and independent contractors from any and all liability, damage, expense, causes of action, suits, claims or judgments arising from injury, damage or loss to me or my personal property which may arise from my participation in this exercise program.

Name: _____ Date: _____ Date of Birth: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell/Alt. Phone: _____

Email Address: _____

Emergency Contact Name/Relationship: _____

Phone: _____ Preferred hospital: _____

Participant's Signature: _____ **Date:** _____

(Continued on opposite side)

Physician Consent Form 2018-2019 Senior Fit Program Year

Name of Patient: _____ **Date of Birth:** _____

I hereby consent to the participation of the above named individual in the senior exercise program. I am unaware of any medical or surgical condition(s) for this individual which would be considered a contraindication to exercise.

Please note any recommendations or restrictions appropriate for this individual in an exercise program:

All Fields Required:

Physician's Name (Printed or Typed): _____

Physician's Signature: _____ **Date:** _____

Physician's Phone: _____

Physician's Address: _____

City: _____ State: _____ Zip Code: _____

The Health Provider Consent form will expire (1) year from the date this authorization has been signed by your physician. Please be sure to keep a copy for your own records.

The Health Provider Consent form must be signed and DATED by your physician and returned prior to your participation in the Senior Fit Exercise Program, preferably in person at your scheduled Orientation date or by mail:

Cindy Dixon, Senior Fit Coordinator
248-858-2545
St. Joseph Mercy Oakland
44405 Woodward Ave, Pontiac MI 48341

Please DO NOT turn in this signed form to your instructor, or attempt to FAX the form to us. If you are unable to attend Orientation in person in September, mail this form to the name and address above.