

Participant Release Form 2019-2020 Senior Fit Program Year

Senior Fit Location: _____

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. 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 _____

Preferred Phone Number: _____

Email Address: _____

Emergency Contact Name/Relationship: _____

Phone: _____ Preferred hospital: _____

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