Levels I-IV Exercise Registration & Waiver

INOVA Life with Cancer

Name _____ _____ Today's Date: _____
Last *First*

Address _____
Street *City* *State* *Zip Code*

Email _____

Telephone H _____ Cell _____W_____

Date of Birth _____ Height _____ Weight _____ Sex _____

Emergency Contact _____ _____
Name *Telephone*

Physician Contact _____ _____
Name *Telephone*

What type of cancer do/did you have? _____ When were you diagnosed? _____

Are you currently undergoing treatment for cancer? ☐ Yes ☐No

If yes, what kind of treatment are you receiving? _____

Please **CIRCLE** the class you are attending: Exercise Levels I II III IV

If you <u>currently</u> have any of the conditions, below, please refrain from participating in exercise classes until the proper treatment has been fully completed.

1. Do you currently have . . .
   - MRSA ☐ Yes ☐No
   - VRE ☐ Yes ☐No
   - Active TB ☐ Yes ☐No
   - C-Diff ☐ Yes ☐No
   - Other medication resistant bacteria ☐ Yes ☐No

2. Do you have a history of . . .
   - MRSA ☐ Yes ☐No
   - VRE ☐ Yes ☐No
   - TB ☐ Yes ☐No
   - C-Diff ☐ Yes ☐No
   - Other medication resistant bacteria ☐ Yes ☐No

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ADVISORY AND PERSONAL ASSESSMENT

Participation in any exercise program may increase your risk of injury. Such risks can include, but are not limited to permanent injury or death from falls, collision with others, the exercise room and equipment conditions, and your physical status. The following medical conditions may affect your participation in this program and increase your risk. Please check accordingly and explain specifics. Consultation with your physician is recommended for your participation in this exercise program.

Have you had surgery within the past 6 months? ☐ Yes ☐No

If yes, date of surgery _____ site of surgery? _____

Check if you have, or currently experience any of the following:

___ implanted port?	___ high blood Pressure	___ fainting	___ breathlessness	___ tendonitis
___ lymphedema	___ heart condition	___ dizziness	___ arthritis	___ joint replacement
___ diabetes	___ pacemaker	___ chest pain	___ osteoporosis	

If you checked any of the conditions listed above, please explain:

_____

_____

_____

_____

Please list the **prescribed and non-prescribed** medications
(Please note that some medications may affect your heart rate response to exercise)

Name of Medication	**Reason for taking**

2015 Waiver, Release and Indemnity Agreement

(This waiver applies to any Life with Cancer exercise class including, but not limited to: Level I-IV Exercise Classes, Yoga, Qigong, Tai Chi, and Zumba)

1. I understand that my participation in any exercise program may increase my personal risk of injury.

2. I understand that the level of my participation in the exercise program and which exercises to perform must be determined by me in consultation with my physician, and that Inova Health System, the Life with Cancer Program and the instructor(s) are not responsible for the intensity of my participation.

3. I understand that the instructor(s) is not a physician, nurse, or emergency medical technician and that, by offering this exercise program, Inova Health System, the Life with Cancer Program, and instructors are not assuming any responsibility for my medical condition. If my medical status should change, I will immediately consult my physician about continuing or discontinuing my participation.

4. I have read the advisory and have consulted with my physician for approval to participate in this exercise program. I hereby personally assume any and all risks associated with my participation.

5. I hereby release, indemnify and hold harmless the Life with Cancer Program, Inova Health System and its trustees, officers, subsidiaries, affiliates, employees, agents and the instructor(s) of the exercise program I have chosen to attend, from any and all damages, claims, actions, liability and expenses (including costs of judgments, settlements, court costs and attorney's fees), regardless of the outcome of such claims or actions arising out of or relating in any way to my participation in the exercise program.

6. Should a provision of this agreement or portion thereof be found invalid or void as against public policy by any court of competent jurisdiction, the remainder of this agreement shall nonetheless remain in full force and effect.

7. I acknowledge that I have read and agree to the terms of this Waiver, Release and Indemnity Agreement and have been given the opportunity to ask questions and in turn have received and understand all of the information provided. I have also completed the Advisory and Personal Assessment with true and accurate information to the best of my knowledge.

Participant's Signature _____ Date _____

Participant's Name (printed): _____

E-Mail: _____ Phone: _____

Emergency Contact Name: _____ Phone: _____

Diagnosis _____ Date of diagnosis: _____

Date treatment began: _____