



## Exercise Registration Form

Class Title: \_\_\_\_\_ Date: \_\_\_\_\_

Name \_\_\_\_\_  
Last First

Address \_\_\_\_\_  
Street City State Zip Code

Telephone H \_\_\_\_\_ Cell \_\_\_\_\_ W \_\_\_\_\_

Email \_\_\_\_\_

Date of Birth \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_ Sex \_\_\_\_\_

Emergency Contact \_\_\_\_\_  
Name Telephone

Physician Contact \_\_\_\_\_  
Name Telephone

### 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.*

Medical Condition	Y	E	S	N	O	If Yes, please give specifics
Cancer Diagnosis (Type?)						Date of diagnosis:
Currently undergoing treatment for cancer (What kind?)						
Surgery within the past 6 months (Location?)						
High blood pressure						
Heart condition						
Fainting tendency or dizziness						
Chest pain or breathlessness during and/or after mild exertion						
Bone, joint, muscle, tendon problems (e.g. arthritis, osteoporosis, tendonitis or <b>joint replacement</b> of hip, knee, shoulder)						
Other diagnosed or suspected problems (e.g., diabetes, thyroid disease)						

*Medications may affect your heart rate response to exercise or your ability to exercise. Please list the medications prescribed, the reason for taking, and the effect (if you are aware) on the heart rate (raises, lowers, or none).*

Medication and Frequency	Reason	Effect on Heart Rate Response



**WAIVER, RELEASE AND INDEMNITY AGREEMENT**

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 \_\_\_\_\_