

Granville County Senior Services

Your patient _____ is interested in participating in the Granville County "Fit Past Fifty" exercise program. If you approve of your patient's participation in this program, please complete this form indicating your guidelines for participation. Please feel free to add any additional comments.

We offer several different programs for our participants:

Treadmill	Stationary Bike	Low Impact Aerobics
Strength Training	Walking	Chair Based Exercise
Exercise for Arthritis	Water Aerobics	Yoga
Tai Chi		

Any cardio-pulmonary diseases/disorders that will affect patient's ability to exercise:

Does patient take any medication that could affect his or her ability to exercise? _____

Any musculoskeletal concerns? _____

Any other factors we need to know that may affect exercise. _____

To the best of my knowledge, at this time, this participant can and should follow an exercise program

Health care provider's signature

PLEASE PRINT

Date

Telephone

If you have any questions please feel free to contact the Fitness Program Coordinator, Adrian Villasana, or Senior Services Director, Kathy May at 919-693-1930.

Agreement & Release of Liability

1. I, _____ have enrolled in a program of activity including, but not limited to aerobics, strength training, flexibility, bicycling, walking, stepping, and the use of various aerobic conditioning activities offered by Granville County Senior Services, I do hereby for myself, my heirs, and assigns, forever waive, release and discharge Granville County Senior Services and its offers, agents, employees, representatives and all others acting on their behalf from any and all claims or liabilities for injuries or damages to my person and/or property arising out of or connected with my participation in Granville County Senior Center fitness programs. (Please Initial:_____).
2. I have been informed of, understand, and am aware that strength, flexibility and aerobic exercise, including the use of equipment, could result in injury, including a remote risk of death or serious disability. I am voluntarily participating in these activities and using equipment and machinery with full knowledge and understanding of the dangers involved. I hereby agree to assume and accept any and all risks of injury or death, hereby releasing Granville County Senior Services and its above mentioned representatives from any liability during or after my participation in the fitness program (Please Initial:_____)
3. I do hereby declare myself physically healthy enough to participate in the program I am enrolled in and am suffering from no condition, impairment, disease or other illness that would prevent my participation in these activities or use of equipment or machinery. I do hereby acknowledge that I have been informed of the need for a physician's approval for my participation in the exercise activities, programs and use of exercise equipment, that his/her recommendations will be followed in my assigned program and that I have been given my physician's permission to participate. I also acknowledge that it has been recommended that I have a yearly or more frequent, physical examination and consultation with physician as to physical activity, exercise, and use of exercise equipment. I agree to follow my physician's recommendation. I agree to inform Adrian Villasana or the senior center staff if my physician's approval forms need to be updated. During my workout, I agree to cooperate with and exercise at the level that the professional fitness staff has assigned to me as my recommended training program. I also agree to report any shortness of breath, nausea, sudden muscle pain/strain or joint soreness, or pain to the fitness staff or Senior Center staff immediately.
4. (Please Initial:_____)

Date: _____

Participant's Signature

I hereby affirm that I have read and fully understand the above statements.

Participant Information

Please complete this form so we know whom to contact in an emergency or if we need to cancel or change our schedule.

Proper attire for exercise is athletic shoes and loose fitting or stretchy clothing that will allow free range of motion.

Thank you, we hope to see you soon.

Name: _____

Address: _____

Date of Birth: _____

Telephone Number:

Home: _____

Cell: _____

Email: _____

Emergency Contact: (Name): _____

(Phone No.): _____