

**\*\*Please bring THIS COMPLETED FORM with you to the first class\*\***

## **Inova HealthSource Fitness Program Participant Information Form**

Class and Instructor Name: \_\_\_\_\_

Your Name: \_\_\_\_\_

Date \_\_\_\_\_

Emergency Contact (name and phone number):  
\_\_\_\_\_

**Please read the section below and put a check next to the items that apply to you:**

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- 1. Has your doctor ever said that you have a heart condition and that you should only do physical activity recommended by a doctor?
- 2. Do you feel pain in your chest when you do physical activity?
- 3. In the past month, have you had chest pain when you were not doing physical activity?
- 4. Do you lose your balance because of dizziness or do you ever lose consciousness?
- 5. Do you have a bone or joint problem (for example, back, knee or hip) that could be made worse by a change in your physical activity?
- 6. Is your doctor currently prescribing drugs (for example, water pills) for your blood pressure or heart condition?
- 7. Do you know of any other reason why you should not do physical activity?

If you checked any question, talk with your doctor BEFORE you start your exercise class about the question(s) you checked. Tell your doctor about the class you wish to participate in and follow his/her advice. **Please provide a note from your doctor to your fitness instructor BEFORE beginning your class.**

If you DID NOT check any boxes above, you can begin your exercise class without consulting your doctor. Remember, it's still always best to keep your doctor informed of your exercise program.

**\*\*Please note: if your health changes and any of the health conditions listed above begin to apply to you, you must tell your fitness instructor.**

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**WAIVER, RELEASE AND INDEMNITY AGREEMENT**

1. I understand that participation in any exercise program may increase the risk of injury to myself.
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 HealthSource and the instructor are not responsible for the intensity of my participation.
3. I understand that the instructor is not a physician, nurse, or emergency medical technician, and that the instructor and Inova HealthSource, by making the exercise program available, are not undertaking any responsibility regarding my medical condition(s). If my medical condition should change, I understand that it is my responsibility to discontinue the exercise program and to immediately consult with my physician about continuing or resuming participation in this or any exercise program.
4. I hereby personally assume any and all risks associated with participating in this exercise program.
5. I hereby release, indemnify and hold harmless Inova HealthSource, its respective directors, officers, parents, subsidiaries, affiliates, agents and the instructors of the exercise program I have chosen to attend, from any and all claims, demands, personal injuries, costs, or expense, (including attorney's fees) arising from 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 understand this Waiver, Release and Indemnity Agreement and have been given the opportunity to ask any questions and have received and understand all of the information which was provided.

In witness whereof, I have signed this Waiver, Release and Indemnity Agreement.

Participant's Signature \_\_\_\_\_

Date \_\_\_\_\_

Witness Signature \_\_\_\_\_

Date \_\_\_\_\_

\*\*Questionnaire above is adapted from the American College of Sports Medicine's PAR-Q