

Registration and Medical Release Form

(Please print)

Name: _____ Phone: _____

Address: _____

City: _____ State: _____ Zip: _____ Date of Birth: _____

Emergency Contact: _____ Phone: _____

Please mention in detail any other health or medical condition(s) that you believe may be helpful for your instructor to be aware of. Things like Osteoporosis, High Blood Pressure, a Heart Condition, or Recent Surgeries should be noted below:

In consideration of your enrolling me as a participant of the Functional Fitness for Older Adults program, I represent and agree as follows:

1. I understand that it is recommended that I consult with or be seen by a physician prior to exercising or participating in the Functional Fitness for Older Adults program being provided by the instructor Dale Evans, MPH, ACE PT, at Desert Creek Fellowship.
2. I understand that certain risks may be involved in exercise, but I feel I am physically capable of participating. If I should feel sick, dizzy, short of breath, or have any type of discomfort, I will not engage in the Functional Fitness for Older Adults program and will contact my doctor right away.
3. I release and agree to hold harmless and indemnify Dale Evans, MPH, ACE PT and/or Desert Creek Fellowship, Inc., its partners, Instructors, or employees, agents, and directors against any and all claims in any way connected or associated with my participation in the Functional Fitness for Older Adults program. This agreement is binding on my heirs, executors, administrators, and assigns.
4. I understand that the Functional Fitness for Older Adults program is a community outreach program, and not intended to be a substitute for regular physical or mental health care.
5. I understand that the things I will be taught in the Functional Fitness for Older Adults program are the opinions of the program instructor, and I realize it is my sole responsibility to clarify any concerns with a licensed professional.
6. I understand that the Functional Fitness for Older Adults program is being provided to me at no charge.

Signature: _____

Date: _____