IM ABLE INCLUSIVE FITNESS ENROLLMENT & WAIVER

GENERAL INFORMATION

Name (First) (Last) (MI) Home Address_ (Street) (Citv) (State) (Zip) Phone (Home) Email: _____ (Cell) Weight: Sex: lbs Private Physician Phone: Emergency Contact Phone: **RISK ASSESSMENT** Explanation / history of disability: Activity or Exercise / Times per week / Minutes per session: _____ Date of last full physical: / / YES NO **EXPLAIN** Have you ever had any form of heart disease? Have you ever experienced shortness of breath or chest pain? Do you have any problems in the following areas? High blood pressure **High cholesterol** # per day? In the past? Cigarette smoking How long? **Diabetes** Insulin dependent? Family history of heart disease **Abnormal resting EKG** Knees Back Neck / shoulders Hips / pelvis **Flexibility** Other INITIAL AND DATE: **AGREEMENT** ,(FULL NAME) agree to participate in exercise and conditioning activities at the IM ABLE / Corps Fitness facility and otherwise participate with IM ABLE / Corps Fitness individual and/or group fitness. I recognize that exercise is not without varying degrees of risk to musculoskeletal and/or cardiorespiratory systems. I hereby certify that I know of no medical problems that would increase my risk of illness and injury as a result of participation in a fitness program designed by IM ABLE / Corps Fitness. I understand and have been informed that there exists the possibility of adverse changes during the exercise program. I have been informed that these changes could include abnormal blood pressure, fainting, disorder of heart rhythm, stroke, and very rare instances of heart attack or even death. I agree to waive, release, remise and discharge IM ABLE / Corps Fitness and its agents, officers, principals, contractors, and employees of any and all claims, demands, actions or damages of any kind resulting from participation in IM ABLE / Corps Fitness classes or individual training sessions. The undersigned hereby releases IM ABLE / Corps Fitness as well as waives any and all claims and understands and assumes any and all risk with participation with IM ABLE / Corps Fitness. Participant Signature (sign and date) **Parent or Guardian Signature** (if Participant is under the age of 18)

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TO BE COMPLETED BY IM ABLE STAFF

ABILITIES

Assessment: Normal / Limited / None, etc	Notes

Recommended Program (please circle): Personal Trainer or Group Class