



IM FIT PARTICIPANT INFORMATION

PARTICIPANT'S NAME: _____

ADDRESS: _____

CITY: _____ **ST:** _____ **ZIP:** _____

EMAIL: _____

PHONE: _____

DOB: _____

PHYSICAL LIMITATIONS/DISABILITIES: _____

COGNITIVE LIMITATIONS/DISABILITIES: _____

AREAS OF INTEREST/FOCUS: _____

GOALS: _____

THE FOLLOWING IS REQUIRED FOR GRANT REPORTING

PARTICIPANT GENDER: _____

PARTICIPANT RACE: _____

PARTICIPANT ANNUAL INCOME: < \$20K < \$30K
 < \$40K >/= \$40K

PARTICIPANT DIAGNOSIS: _____

PARENT/CAREGIVER NAME: _____

ADDRESS: _____

CITY: _____ **ST:** _____ **ZIP:** _____

PHONE NUMBER: _____

EMAIL ADDRESS: _____

CONTINUES ON REVERSE

EMERGENCY CONTACT (IF DIFF. THAN PARENT/CAREGIVER):

EMERGENCY CONTACT PHONE: _____

EMERGENCY CONTACT EMAIL: _____

WHAT WOULD YOU LIKE TO ACCOMPLISH THIS SESSION?

HOW DID YOU HEAR ABOUT THE IM ABLE FOUNDATION?

OTHER COMMENTS / SUGGESTIONS / QUESTIONS:

I AGREE TO PARTICIPATE IN EXERCISE AND CONDITIONING ACTIVITIES AT THE IMABLE/CORPS FITNESS FACILITY AND OTHER WISE 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 STROKE OR EVEN DEATH. I AGREE TO WAIVE, RELEASE, REMISE AND DISCHARGE IM ABLE/CORP 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: _____

OR PARENT / CAREGIVER SIGNATURE (IF UNDER 18):

_____ **DATE:** ____ / ____ / ____