

NAME \_\_\_\_\_

**SIMSBURY SENIOR CENTER FITNESS CLASS  
HEALTH HISTORY & LIABILITY WAIVER**

Class participant is enrolled in \_\_\_\_\_

Name: \_\_\_\_\_ Birth Date \_\_\_\_\_ Age \_\_\_\_\_

Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Physician's Name \_\_\_\_\_ Phone # \_\_\_\_\_

In case of emergency, notify \_\_\_\_\_ Phone # \_\_\_\_\_

| <b>Do you currently have or <u>within the past year</u> have had:</b>                     | <b>YES</b> | <b>NO</b> |
|---|------------|-----------|
| 1. History of heart problems?   | _____      | _____     |
| 2. High blood pressure?   | _____      | _____     |
| 3. Difficulty with physical exercise?   | _____      | _____     |
| 4. A chronic illness?   | _____      | _____     |
| 5. Advice from a physician not to exercise?   | _____      | _____     |
| 6. Muscle, joint, back, or hip disorder that<br>could be aggravated by physical activity? | _____      | _____     |
| 7. Recent surgery ( within the past 3 months ) ?  | _____      | _____     |
| 8. History of lung problems?  | _____      | _____     |
| 9. Diabetes ?   | _____      | _____     |
| 10. History of broken bones, fractures, or sprains ?                                      | _____      | _____     |

Do you have any illness or health problem not listed above that would be aggravated by physical activity ?(use back of paper, if needed, to explain)

*\* It is important that the instructor be made aware of any changes that may occur during the session. Please notify the instructor immediately if your health history changes.*

By my signature below, I warrant that I am of legal age and, intending to be legally bound, do hereby waive all rights to claims for loss or damages against the Town of Simsbury, Mary Root & Susan Rubenstein for any and all injuries suffered by me during any class or during use of any physical fitness equipment. I understand that the class I have enrolled in involves physical exertion that will increase the stress on an individual's cardiovascular system.

I understand that the Town of Simsbury, Anita Kershner d/b/a Power Perfect, Mary Root & Susan Rubenstein advise that each participant have a complete physical examination before participating in any physical activity or prior to using any physical exercise equipment. I warrant and represent that I do not have any disability, impairment, ailment or communicable disease that will prevent me from participating in class or that could be detrimental to my health or the health and safety of other people in the class. I agree to and take responsibility for myself to abide by all safety policies and regulations in the class.

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_