

NAME \_\_\_\_\_

**SIMSBURY SENIOR FITNESS CENTER      DATE \_\_\_\_\_**  
**HEALTH HISTORY & LIABILITY WAIVER**

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 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)

\_\_\_\_\_

*\*Please notify Senior Center staff **immediately** if your health history changes.*

**LIABILITY WAIVER**

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 and Anita J. Kershner d/b/a Power Perfect for any and all injuries suffered by me 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 and Anita J. Kershner d/b/a Power Perfect 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 using any physical fitness equipment 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** \_\_\_\_\_