



FOREVER FIT EXERCISE PROGRAM

Waiver and Release Agreement Health History Form

In consideration of the aerobic dancing and fitness programs offered by Southern Ocean County Hospital, it is hereby understood and agreed as follows:

I recognize the risks of possible injury in any exercise program and am participating in the Forever Fit programs with the express agreement that I hereby waive and release Southern Ocean County Hospital from any and all claims, suits, causes of action and liabilities caused by illness, damage or injury arising out of my participation in the Forever Fit exercise programs.

I specifically waive any and all claims that I may have arising out of personal injury and/or property damage resulting from participating in the programs and waive my rights against Southern Ocean County Hospital and any instructor, agent, servant or employee from any claims.

I further understand and represent that I have consulted my physician or health-care provider and I am physically capable of participating in such an exercise programs without injury.

I further have been specifically warned of the special risks associated with participating in exercise programs for individuals whose weight exceeds recommended maximums or whose age or general physical condition make personal injury or illness more likely to result from physical activity including aerobic exercise. I also understand that I am to be aware of the necessity of wearing appropriate footwear and clothing for my participation in the program. I hereby execute and deliver this Waiver and Release as a condition of my being permitted to participate in the fitness programs by Southern Ocean County Hospital.

Name (Please print) _____ Sex _____ Age _____ Date _____

Address _____ City/State _____

Phone _____ Type of Exercise - Aerobics _____ Aquatics _____ Personal Training _____

Exercise Location _____

Does your physician know you are participating in an exercise program? Yes _____ No _____

Physician's Name _____

Your Signature _____

How did you hear about us? (Newspaper ad, friend, etc.) _____

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Forever Fit Program

Please tell us more about your health so that we may tailor the class to your special needs. Do you have now or have you had in the past?

Heart Problems?	Yes	No
High Blood Pressure?	Yes	No
High Cholesterol?	Yes	No
Overweight 20 lbs?	Yes	No
Lung Problems?	Yes	No
Are you a diabetic?	Yes	No
A chronic illness?	Yes	No
Muscle, joint or back disorder?	Yes	No
Recent surgery (within the past 3 months)	Yes	No
Do you smoke?	Yes	No
Currently on medication?	Yes	No
Advice from Physician not to exercise?	Yes	No