ACCOA
Alcona County Commission on Aging / Sunrise Center

CLIENT FITNESS INTAKE FORM

Name:_____ Date of Birth:_____
Address (Street, City, state, Zip code): _____
Phone : (_____)-_____-_____ Email: _____
Emergency Contact: _____ Phone: (_____)-_____-_____
Relationship: _____
Physicians Name:_____ Physician Phone #:_____

Informed Consent and Liability Waiver Release for Participation in Exercise Program

I agree and consent to the following:

I am voluntarily participating in the exercise/ fitness program conducted by at the Alcona County Commission on Aging/ Sunrise Center, and or using its facility for personal fitness/exercise. I recognize that the program requires physical exertion that may be strenuous at times and may cause physical injury and I am fully aware of the risks and hazards involved.

I assume all risks of injuries associated with participation including, but not limited to, falls, contact with other participants, the effects of the weather, including high heat, slippery conditions due to snow and ice, heart attacks, muscle strains, muscle pulls, muscle tears, broken bones, shin splints, injuries to knees, injuries to back, injuries to foot, or any other illness or soreness, including death, and all other such risk being known and appreciated by me.

I understand that it is my responsibility to consult with a physician prior to and regarding my participation in the above-mentioned program. I represent and warrant that I have no medical condition that would prevent my participation in the program or using ACCOA/ Sunrise Center fitness equipment. I acknowledge that I am physically fit and mentally capable of performing the physical activities I choose to participate in.

I knowingly, voluntarily, and expressly waive any claim I may have against the ACCOA/ Sunrise Center for injury or damages that I may sustain as a result of participating in the program.

I, my heirs or representatives forever release waive, discharge, and covenant not to sue the Alcona County Commission on Aging/ Sunrise Center, its staff, board of directors, contractors, agents, organizers, representatives, and successors.

By my signature, I acknowledge that I have read and understand this Waiver of Liability. I am aware that this is a waiver and a release of liability and I voluntarily agree to its terms.

Signature:_____ Date:____/_____/_____

Print Name:_____ MSCID (Staff use):_____

Parent/Guardian (if participant under 18):_____

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