

**DiSepio Institute for Rural Health and Wellness  
Fitness Center  
Group Exercise Class Waiver Form**

Name \_\_\_\_\_

Department (if applicable) \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Cell Phone \_\_\_\_\_ Home Phone \_\_\_\_\_

DiSepio Fitness Center Member ( circle one)    Yes    No

Group Exercise Class(es) Registering for: \_\_\_\_\_

(These classes are Not for Credit)

Amount Enclosed: \_\_\_\_\_

Payment is expected in full at the time of registration and is non-refundable.

**Please answer the following questions: (circle one)**

- |   |     |    |
|---|-----|----|
| 1. Has your doctor ever said you have heart trouble?  | Yes | No |
| 2. Do you frequently have pains in your heart or chest?   | Yes | No |
| 3. Do you often feel faint or have spells of severe dizziness?  | Yes | No |
| 4. Has a doctor ever said your blood pressure was too high?   | Yes | No |
| 5. Has your doctor ever told you that you have a bone or joint problem such as arthritis that has been aggravated by exercise or might be made worse by exercise? | Yes | No |
| 6. Is there any good physical reason not mentioned here why you should not follow an activity program even if you wanted to?                                      | Yes | No |
| 7. Are you over the age of 65 and not accustomed to vigorous exercise?  | Yes | No |
| 8. Are you currently taking any medications?  | Yes | No |

**Group Exercise Class Agreement/Waiver**

The undersigned participant agrees to abide by the rules of the DiSepio Institute for Rural Health and Wellness, including the completion of the above medical questionnaire. The undersigned participant agrees that all use of the DiSepio Institute's facilities, programs, and services shall be undertaken as his/her sole risk and the DiSepio Institute shall not be liable for any injuries, accidents, deaths occurring to the guest, arising directly or indirectly out of utilizing the DiSepio Institute's facilities, programs, and services. The participant, for him/herself and on behalf of his/her executors, administrators, heirs and assigns, does hereby expressly release, discharge, waive, relinquish, and covenants not to sue the DiSepio Institute, its officers and agents for all such claims, demands, injuries, damages, or cause of action, with respect to the use of the DiSepio Institute's facilities, programs, and services.

The undersigned participant declares that he/she has completed the medical questionnaire as required by the DiSepio Institute and that he/she declares he/she is physically able to participate in physical activity. Furthermore, the undersigned participant declares that the DiSepio Institute has advised participant to obtain a medical clearance in the event he/she answer yes to any of the medical history questions, or if he/she is unsure of his/her physical health and that participant maintains that he/she is physically capable of pursuing physical activity in the DiSepio Institute without such steps being taken or has done so.

Signature \_\_\_\_\_

Date \_\_\_\_\_

**Staff Use Only:**

Date Received: _____	Received By: _____
Payment Type: Cash                  Check	
Amount: _____	