

Physician Medical Release Form

TO BE COMPLETED BY YOUR PRIMARY CARE PROVIDER



Date: ____/____/____

Doctor's Name: _____

Your patient, _____, DOB ____/____/____ wishes to participate in the Rock Steady Boxing (NON-CONTACT) exercise program. The activity will involve cardiovascular training (jumping rope, running, punching heavy bags), flexibility instruction (stretching, getting up and down on the floor), resistance training and core strengthening techniques. Participants can attend up to five classes per week that are ninety minutes in duration. Participants can reach up to 90 percent of their maximum heart rate.

PHYSICIAN'S RECOMMENDATION

- I am not aware of any restrictions to participate in this exercise program.
- I believe the patient can participate but would urge caution (*please explain*): _____

Patient should not engage in the following activities: _____

If your patient is taking medications that will affect their heart rate response to exercise, please indicate the manner of the effect (raises, lowers or has no effect on heart rate response during exercise):

Type of medication _____	Effect _____
Type of medication _____	Effect _____
Type of medication _____	Effect _____

PHYSICIAN COMPLETES

_____ (patient's name) has my approval to begin the Rock Steady Boxing exercise program with the recommendations or restrictions stated above.

Printed name _____ Phone _____

Signature _____

RETURN TO

The Social of Greenwood

317-882-4810

Fax: 317-300-8337

Email: andrea@thesocialofgreenwood.org



Member Information

Welcome to Rock Steady Boxing! We are pleased to welcome you into our program. To begin, please complete the following documents:

1. Member Information Form
2. PDQ-39 Questionnaire
3. Personal Waiver and Release of Liability

Date ____/____/____

Name _____ DOB ____/____/____

Address _____

City _____ Zip Code _____

Home phone _____ Cell phone _____

Business Phone _____ Email _____

How did you hear about Rock Steady (circle)? Referral / Media / Website / Other _____

Emergency Contact Information

Name _____

Relationship to applicant _____

Address _____

City _____ Zip Code _____

Home phone _____ Cell phone _____

Email _____

Parkinson's Information:

Estimated date of diagnosis ____/____/____

Which symptoms are you experiencing? (check all that apply)

- Tremors - if yes, which side is most affected? RIGHT LEFT BOTH
- Postural changes
- Loss of balance in the last year
- Slowness of movement
- Vision impairment
- Difficulty concentrating or staying focused
- Fatigue
- Depression
- Do you take medicine for Parkinson's? If yes, please list:

Other Health Questions

Do you: (check all that apply)

- Use a walker, wheelchair or other assistive device
- Have Deep Brain Stimulation (DBS)
- Feel dizzy or unsteady with sudden movements
- Have difficulty getting down or rising from a seated or lying position

**AHA/ACSM Health/Fitness Facility
Pre-Participation Screening Questionnaire**



History: (check all that apply)

You have had:

- A heart attack
- Heart surgery
- Cardiac catheterization coronary
- Angioplasty (PTCA)
- Pacemaker/implantable cardiac defibrillator
- Rhythm disturbance
- Heart valve disease
- Heart failure
- Heart transplantation
- Congenital heart disease
- Other heart condition (specify) _____

Symptoms:

- You experience chest discomfort with exertion
- You experience unreasonable breathlessness
- You experience dizziness, fainting or blackouts
- You take heart medications

Other health issues:

- You have diabetes
- You have asthma or other lung disease
- You have burning or cramping sensation in your lower legs when walking short distances
- You have musculoskeletal problems that limit your physical activity
- You have concerns about the safety of exercise
- You take prescription medication(s)
- You are pregnant

(FOR OFFICE USE ONLY)
Notes and questions for test administrator

What symptoms of Parkinson's are you experiencing in your daily life?

Have you been diagnosed with any other medical problems we should be aware of?

What do you wish to gain from joining Rock Steady Boxing?

Do you have questions or concerns about the program before we get started?

Additional administrator notes: _____

(Administrator to explain Media Release)

Media Release

I _____ (member name) allow Rock Steady Boxing to publish or broadcast my image/likeness and/or name for promotional purposes associated with Rock Steady Boxing.

Signature _____ Date _____



Waiver and Release of Liability

Rock Steady Boxing, Inc. (hereinafter, "RSB"):

1. I understand the nature of Rock Steady Boxing, Inc.'s activities, and my physical condition and capabilities, and I believe that I am physically capable of participating in such activity. I further acknowledge that I am aware that the activity may be conducted in facilities open to the public or members of the public and/or employees of another corporate entity or entities, during the activity. I further agree and warrant that any time, if I believe any condition to be unsafe, I reserve the right, without penalty, financial or otherwise, to immediately discontinue further participation in the activity and bring such condition to the attention of the management of RSB.
2. **I FULLY UNDERSTAND** that (a) the activities of RSB involve risks and dangers of **SERIOUS BODILY INJURY**, including permanent disability, paralysis and death ("Risks"); (b) these Risks and dangers may be caused by me or by the actions or inactions of others participating in the activity, the conditions under which the activity takes place, or **THE NEGLIGENCE OF THE "RELEASEES" NAMES BELOW**; (c) there may be other risks and social and economic losses either known to me or not readily foreseeable at this time, and **I FULLY ACCEPT AND ASSUME ALL SUCH RISKS AND ALL RESPONSIBILITY FOR LOSSES, COSTS, AND DAMAGES** incurred as a result of my participation in these activities.
3. **I HEREBY RELEASE, DISCHARGE, COVENANT NOT TO SUE, AND AGREE TO INDEMNIFY AND SAVE AND HOLD HARMLESS RSB**, its clubs and their respective administrators, directors, agents, officers, volunteers, and employees, other participants, any sponsors, advertisers, and if applicable, owners and lessors of premises on which the activities take place (each considered one of the "Releasees" herein) from all liability, claims, demands, losses, or damages on my account caused or alleged to be caused in whole or in part by the negligence of the "Releasees" or otherwise, including negligent rescue operations and further agree that if, despite this release, I or anyone on my behalf makes a claim against any of the Releasees, I will be responsible for the payment to any or all of the releasees harmed by such assertion of a waived claim, or any expenses arising from my assertion of waived claims or causes of action, including but not limited to reasonable attorney fees and court costs.
4. I certify that I have had no injuries to my hands, whether fractures, broken bones, or otherwise, within the three months preceding the dates of completion of this entry form, and have no injuries to the head, concussion, headaches or fainting spells, and should I experience any of these injuries and/or conditions in the future, I will immediately notify the officials of these events and/or conditions, and immediately cease my participation in said events and activities.
5. I hereby further agree that this agreement may not be modified orally, and a waiver of any provision shall not be construed as a modification of any other provision herein or as consent to any subsequent waiver or modification. Every term and provision of this agreement is intended to be severable, if any one or more provision is found to be unenforceable or invalid, said provision shall not affect the other terms and provision, which shall remain binding and enforceable.

Date ____/____/____

Printed Name of Applicant

Signature of Applicant

High Intensity Fitness, LLC *Parkinson's Program Waiver*

1. **Waiver:** In consideration of using the services of *High Intensity Fitness, LLC*, on behalf of myself, my heirs, personal representatives, or assigns, I do hereby release, waive, discharge, and covenant not to sue *High Intensity Fitness, LLC*, its members, officers, employees, volunteers, and agents, from liability from any and all claims arising from the conduct of *High Intensity Fitness, LLC* or any of the aforementioned parties.

This agreement applies to 1) personal injury (including death) from accidents or illnesses arising directly or indirectly from participation in activities directed, suggested, or planned by *High Intensity Fitness, LLC* including, but not limited to, 1) organized activities, classes, instruction, observation, related activities in a non-supervised setting, and use of facilities, premises, or equipment; and to 2) any and all claims resulting from the damage to, loss of, or theft of property.

2. **Indemnification and Hold Harmless:** I also agree to hold harmless and indemnify *High Intensity Fitness, LLC*, its members, officers, employees, volunteers, agents, and insurance carriers from all claims (whether initiated by me or by a third party) and to reimburse them for any expenses incurred as a result of my involvement with *High Intensity Fitness, LLC*. I further agree to pay all expenses, including court costs and attorneys' fees, incurred by *High Intensity Fitness, LLC* and the aforementioned parties in investigating and defending a claim or suit resulting from my participation in any *High Intensity Fitness, LLC*.
3. **Assumption of Risks:** Fitness and conditioning activities, by their very nature, carry with them certain inherent risks that cannot be eliminated regardless of the care the physical therapist or trainer takes to prevent injuries. The fitness training activities offered by *High Intensity Fitness, LLC* provide for activities such as weight lifting, walking, jogging, running, stretching, boxing, and other aerobic activities. Some of these involve strenuous exertions of strength using various muscle groups, some involve quick movements involving speed and change of direction, and others involve sustained physical activity that places stress on the cardiovascular system. In addition, many activities will involve equipment (e.g., barbells, free weights) and complex machines (e.g., treadmills, stepping machines, stationary bicycles) — all of which have the potential of malfunctioning or causing injury.

The specific risks vary from one activity to another, but in each activity the risks range from 1) occasionally occurring minor injuries such as scratches, bruises, muscle strains, and sprains to 2) rarely occurring major injuries such as ligament

damage, broken bones, joint or back injuries, concussions, and heart attacks to 3) the very rare occurrence of catastrophic injuries including paralysis and death.

4. **Acknowledgment of Business Entity:** I understand that the fitness services which I am utilizing are provided by *High Intensity Fitness, LLC* through its designated agent(s). I understand that I am receiving these services from a business entity and not from an individual.

5. **Severability and Venue:** I further expressly agree that the foregoing waiver and assumption of risk agreement is intended to be as broad and inclusive as is permitted by the law of the State of Indiana and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect. Likewise, I agree that if legal action is brought, it must be brought in the Circuit or Superior Courts of Johnson County, Indiana.

6. **Acknowledgment of Understanding:** I have read this waiver of liability and indemnification and assumption of risk agreement and fully understand its terms. I understand that I am giving up substantial rights, including my right to sue. I acknowledge that I am signing the agreement freely and voluntarily, and intend my signature to be a complete and unconditional release of all liability for injury resulting from ordinary negligence to the greatest extent allowed by law in the State of Indiana.

Signature of Client

Date

I have read the previous paragraphs and I know the nature of the activities at *High Intensity Fitness, LLC*, I understand the demands of those activities relative to my physical condition and skill level, and I appreciate the types of injuries that may occur as a result of activities made possible by *High Intensity Fitness, LLC*. I hereby assert that my participation is voluntary and that I knowingly and willingly assume all such risks.

Signature of Client

Date