

Contact Information:

Name _____ Phone Number _____

Mailing Address _____ City, Zip _____

Email _____ Are you over 60 years old? ___ Yes ___ No

Gender _____ Ethnicity _____

Class Information:

Class Type: ___ Self-directed ___ Group Class

If group class, please provide the location or instructor: _____

In what language would you like to receive program materials: ___ English ___ Spanish

Have you participated in the Walk With Ease program in the past? ___ Yes ___ No

Health Information

Are you diabetic? ___ Yes ___ No

Are you subject to seizures? ___ Yes ___ No

Do you have any allergies? ___ Yes ___ No

If yes, please describe:

Do you have a history of respiratory illness? ___ Yes ___ No

If yes, please describe:

Is there any medical condition (heart condition, recent surgery, etc.) that may affect your participation in this program, not captured above?



Participant Release Form

I understand and agree that there are risks, foreseeable and unpredictable, associated with any exercise or education program. I am aware of these risks and agree that my participation is at my own risk. I hereby agree that neither the Arthritis Foundation, nor any co-sponsoring agency or facility, nor their respective chapters, officers, directors, employees, agents, members or volunteers, shall assume or have any responsibility or liability for the expenses or medical treatment or for compensation for any injury I may suffer during or resulting from my participation in the Arthritis Foundation program, regardless of whether any injury occurs or whether any such injury occurred in a formal or informal program. I do hereby, for myself, my heirs, executors and administrators, waive release and forever discharge the Arthritis Foundation (and any related entities) and any co-sponsoring agency or facility (as well as their agents, employees and volunteers) from any and all rights and claims for damages that I may have or that may hereafter accrue to me arising out of or in any way connected with my participation in this or any future Arthritis Foundation program.

I understand that this Participant Release Form has important legal consequences and limits my ability to recover money if I am injured as a result of my participation in this program. I have been given the opportunity to discuss its terms and consequences with an attorney of my choosing if I wish to do so.

I also represent and warrant that I have been advised to seek consultation from my doctor about whether I can safely participate in this program and whether there are precautions or limitations to my participation.

I understand and agree that the goal of the Arthritis Foundation and the co-sponsoring facility is to provide a safe program environment free from disruption or harassment. To this end, the Arthritis Foundation and the co-sponsoring agency reserve the right to deny admission to those individuals whose behavior is disruptive, or who harass other program members and staff.

I understand and agree that a copy of this form will be provided to the Arthritis Foundation as well as any co-sponsoring agency or facility. The Arthritis Foundation (and any related entities) and any co-sponsoring agency or facility may rely upon this Participant Release Form

My signature below indicates that I have read and accept the Arthritis Foundation Release form.

Signature (if under 18 parent must sign)

Date

In case of emergency, please call:

Name _____ Phone _____

Relationship to you _____