

# Participant Fitness Waiver

## New Horizons Senior Center

NAME (Print) \_\_\_\_\_

Check One: \_\_\_\_\_ New Horizons Member    \_\_\_\_\_ Non-Member\* (See bottom)

### Participant Waiver Statement

Participants in any Fitness and Recreational activity offered by New Horizons Senior Center should recognize that, whether the class takes place at the Center's physical location, or is run virtually to provide outside participation, both the conditions in and around the recreation facilities, and the nature of certain activities, all present certain reasonable and foreseeable risk or injury. Exercise, dance, and other athletic programs are all potentially strenuous activities. It is required that you check with your physician prior to registering for any fitness, dance, or athletic program sponsored by the Center.

*I hereby assume the risk of all conditions or occurrences which may be encountered, and waive all claims for damages, injury, and loss to my person and/or property which may be caused, by my engaging in the Fitness and/or Recreational activity for which I am a participant, whether at New Horizons physical location, or through virtual means. I waive any and all specific notice of the existence of any adverse conditions or occurrences, and waive all claims I may have as a result of any act or omission of New Horizons, and/or its agents, employees, or volunteers, for any claim arising out of my participation, or for any act, omission, or condition during my participation.*

*In completing this form, I claim, to the best of my knowledge, that I do not have a disability (medical or physical) that would preclude safe participation in this program. I will update my registration form and notify the staff and/or instructor if any of my medical information should change.*

\_\_\_\_\_  
Participant's Signature

\_\_\_\_\_  
Date

### Medical Information: Please check if any of the following apply to you:

Heart condition, heart disease

Pacemaker / Internal Defibrillator

Vascular disease or problems

Arthritis

Neurological conditions

Back Problems

Diabetes

Insulin Dependent

High Blood Pressure

Respiratory Problems including Asthma

#### \*Required Information for Non-Member participants

Address: \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Phone #s \_\_\_\_\_ Email \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Relationship \_\_\_\_\_

Emergency Contact Phone Numbers \_\_\_\_\_