The Woodlands Aquatics and Fitness Programs

Waiver, Release and Indemnity Agreement

1. I understand that participation in any exercise program may increase the risk of injury to me.
2. I understand that the level of my participation in the exercise program and which exercises to perform must be determined by me, in consultation with my physician and that The Woodlands and the instructor are not responsible or the intensity of my participation.
3. I understand that the instructor is not my physician, nurse or emergency medical technician and that the instructor and The Woodland's by making the exercise program available are not undertaking any responsibility regarding my medical condition. If my medical condition should change, I understand that it is my responsibility to discontinue the exercise program, and to immediately consult with my physician about continuing or resuming participation in this or any exercise program.
4. I hereby personally assume any and all risks associated with the participation in the exercise program.
5. I hereby release, indemnify and hold harmless The Woodlands, its respective directors, officers, parents, subsidiaries, affiliates, agents and the instructors of the exercise program I have chosen to attend, from any and all claims, demands, personal injuries, costs or expense arising from or relating in any way to my participation in the exercise program.
6. Should a provision of this agreement or portion thereof be found invalid or void as against public policy by any court of competent jurisdiction, the remainder of this agreement shall nonetheless remain in full force and effect.
7. I acknowledge that I have read and understand this Waiver, Release and Indemnity Agreement and have been given the opportunity to ask any questions and have received and understand all of the information which was provided.

Participant Signature _____ Date _____

Medical History and Risk Factor Questionnaire

Name: _____ Date: _____

Address: _____

Phone: _____ Email: _____

Emergency Contact: _____

Relationship: _____ Phone: _____

Physician: _____ Phone: _____

Medical History

Have you ever had, or do you currently have any of the following? Please mark all that apply:

□ Abnormal EKG
□ Asthma
□ Chest Pains
□ Fainting
□ Hypoglycemia
□ Osteoporosis
□ Pulmonary Disorder
□ Urinary Incontinence
□ Neuropathies

□ Anemia
□ Cancer
□ Diabetes
□ High Blood Pressure
□ Irregular Heart Beats
□ Parkinson's Disease
□ Shortness of Breath
□ Hearing Aid

□ Arthritis
□ Cardiac Problems
□ Emphysema
□ High Cholesterol
□ Memory Loss
□ Phlebitis
□ Stroke (CVA)
□ Eyeglasses

Injury to:
□ Shoulder
□ Wrist
□ Back
□ Hip
□ Knee
□ Other:
_____
_____

Medications

Please list, including over the counter, medications taken regularly

Name of Medication	Condition Being Treated
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Have you consulted with your physician about participating in this exercise program? □ Yes □ No

Have you ever been told by your physician not to exercise? □ Yes □ No

What is your current activity level? Please select one:

□ Active – Consistently exercising 30 or more minutes 5 or more days a week.

□ Moderately Active – Consistently exercising up to 30 minutes 3 or more days a week.

□ Slightly Active – Consistently walking 10 minutes each day.

□ Sedentary – Inactive.

Please list at least one fitness goal that you would like to achieve:

_____

_____

Have you fallen within the last year? □ Yes □ No

If YES, please answer the following:
Did you require medical treatment? □ Yes □ No

What was the date: _____

What was the reason you fell:

_____

_____

_____

Please describe the medical treatment required:

_____

_____

_____

Have you ever required joint replacement? □ Yes □ No
If YES, please answer the following:

Joint:	Left or Right:
_____	_____
_____	_____
_____	_____

Do you use an assistive device for walking? □ Yes □ No □ As Needed
If YES, please answer the following:
Type of Device: _____

Are there any physical movements that you would like to be able to do more easily (I.E. scratching your back, picking something up off the floor)?
If YES, please describe:

_____

_____

_____