



Medical Release Form and Informed Consent

All information must be filled out and signed prior to participation in MRC activities.

Name: _____ M _____ F _____ Birthday: ____/____/____ Age: _____

Address: _____ City: _____ Zip: _____

Home Phone: _____ Work Phone: _____ Cell: _____

In Case of Emergency:

Name: _____ Phone: _____ Relationship: _____

Please check the box if you currently have or have ever had a history of:

- | | | | | | |
|---|------------------------------|-----------------------------|--|------------------------------|-----------------------------|
| Breathing Problems, including Asthma | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Orthopedic Problems (bone, joint, ligaments, tendons) | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Back Pain or Problems | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Arthritis, Bursitis or Tendonitis | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| High Blood Pressure | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Eating Disorders | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Allergies | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Injuries or Surgeries | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Stroke | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Diabetes | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Cancer | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Anemia | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Heart Disease | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Fainting Spells/Dizziness | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

Are you currently pregnant or is there a chance that you could be pregnant? Yes No

Do you currently or have you ever smoked? Yes No If yes, when? _____

Have you ever been advised by a Physician to avoid exercise? Yes No

Please describe in detail any items that you checked above: _____

Are you currently on a special diet? If yes, please explain: _____

How would you rate your level of fitness? (Please circle) Beginner Intermediate Advanced

What do you currently do for physical fitness? _____

What is your main reason for joining the MRC or enrolling in this class? _____

Are you currently taking any medications? If yes, please list: _____

Please continue on back for Informed Consent.

Informed Consent Information:

MRC believes that physical fitness is basic to human life and it is usually possible for most individuals. Although everyone performs some level of physical activity in their daily life, certain levels of activity may have an adverse effect on people with any of the predisposing conditions listed previously.

Therefore, if any of the health conditions were checked on the other side of this form, you should have a physical examination including an EKG or EEG, prior to the beginning of this exercise program.

Informed Consent:

After reading the foregoing information, I understand the need for a physical examination prior to beginning this exercise program. I also understand it is my decision to have or not to have a physical. By not having a physical exam as suggested above, I assume the risk for any injury or medical problem I might suffer in this exercise program. I also understand that by participating in this fitness program, neither the Mulvane Recreation Commission, nor the program instructors are responsible for personal injuries or accidents.

- I choose not to have a physical examination prior to beginning this exercise program.
- I choose to have a physical examination prior to beginning this exercise program.
- I understand that the Mulvane Recreation Commission is not responsible for personal accidents or injuries I incur at the MRC.

Participant Signature (Parent/Guardian Signature if participant is under 18 yrs.) Date

Acceptance of you as a participant is based upon the representations made by you in the Informed Consent.