



Participant Release Form & Application

First Name: _____ Last Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Birthdate: _____ Phone Number: _____

Email Address: _____

Do you have arthritis? Yes No

If yes, please select which type: Osteoarthritis/Degenerative (OA) Rheumatoid Arthritis (RA)
Juvenile Arthritis (JA) Other: _____

How did you find out about this program? (Circle all that apply.)

- | | | | | |
|-------|------------|---------|------------|----------------------|
| Flyer | Friend | Mailing | Newspaper | Health Care Provider |
| Radio | Television | Website | Newsletter | Other |

In general, would you say your health is:

Excellent Very Good Good Fair Poor

Do you use an assistance device for walking (i.e. a cane, walker)? Yes No

Please briefly describe your current activity level and any physician limitations and/or health conditions you might have that would influence your participation in this program.

In case of emergency, please call:

Name: _____ Phone Number: _____

Staff Use Only : Session Number _____ Staff Initials _____
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Participant Release Form

I understand and agree that there are risks, both 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, the City of Shelbyville, the Shelbyville Parks and Recreation Department, 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 Walk with Ease program or the Aquatic Walk with Ease program, regardless of where 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 relate entities), the City of Shelbyville, the Shelbyville Parks and Recreation Department, nor their respective chapters, officers, directors, employees, agents, members, or 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 or 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 I have read and accept the Arthritis Foundation Participant Release on this form.

Signature (If under 18, parent or guardian must sign.)

Today's Date (Month, Day, Year)