



## Fitness Activities Physician Release

The individual listed below wishes to enroll in fitness activities at Evergreen Commons. Each person must obtain a physician's release before participating in the exercise programs. To assist you with your release decision the fitness equipment available at Evergreen Commons is listed below. Thank you for your cooperation in support of our wellness program.

### FITNESS EQUIPMENT AT EVERGREEN COMMONS

#### Cardiovascular Equipment

Treadmills  
Schwinn Airdynes  
Upright Bikes  
Recumbent bikes  
Elliptical Cross Trainers  
Stairmaster  
SciFit UBE  
Concept II Rower  
NUSTEPs

#### Strength Machines

Chest Press  
Seated Dip  
Row/Rear Delt  
Abdominal  
Seated Leg Press  
Leg Extension  
Back Extension  
Seated Leg Curl  
Lat Pull  
Hip Abduction/Adduction

#### Swimming Pool

85 degrees

#### Whirlpool

98 degrees

Participant's Name \_\_\_\_\_  
(please print)

Physician's Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

I am releasing the above participant for independent exercise in Evergreen Commons' Fitness programs.

I am **not** releasing the above participant to exercise at Evergreen Commons.

I am releasing the above participant for independent exercise in Evergreen Commons' Fitness programs with the following restrictions: \_\_\_\_\_

I am releasing the above participant for use of the Evergreen Commons swimming pool and whirlpool.

Physician Signature \_\_\_\_\_ Date \_\_\_\_\_

Please return to: Evergreen Commons  
480 State Street  
Holland MI 49423 FAX (616) 396-9736 (FAX **Both Sides Please**)



## Fitness Activities Enrollment Form

E

Name \_\_\_\_\_ Evergreen Commons  
(please print) Membership Number \_\_\_\_\_  
Phone \_\_\_\_\_ Date of Birth \_\_\_\_\_ Physician's Name \_\_\_\_\_

### Medical History (to be completed by participant)

1. Is there any type of exercise your doctor has advised you **not** to participate in? \_\_\_\_\_

If yes, please list here: \_\_\_\_\_

2. Are you diabetic \_\_\_\_\_ If yes, Type \_\_\_\_\_

3. Have you felt light-headed or been dizzy in the last month? \_\_\_\_\_

4. Have you had ringing in your ears in the last month? \_\_\_\_\_

5. Do you have heart disease or cardiovascular disease? \_\_\_\_\_

Have you ever had heart surgery? \_\_\_\_\_ Type of surgery: \_\_\_\_\_

Date of surgery: \_\_\_/\_\_\_/\_\_\_

Are you now or have you been in cardiac rehab? \_\_\_\_\_ Dates: \_\_\_\_\_

Have you developed chest pain within the past month? \_\_\_\_\_

6. Please list any medications you are taking. \_\_\_\_\_

7. If you have a bone or joint problem that could be aggravated by physical activity list here: \_\_\_\_\_

8. Do you currently have pain? \_\_\_\_\_ Location \_\_\_\_\_

9. Do you have hypertension/high blood pressure? \_\_\_\_\_

Is the medication you are taking keeping it under control? \_\_\_\_\_

10. Are you currently taking medication for high cholesterol? \_\_\_\_\_

11. What physical activities do you participate in on a regular basis? \_\_\_\_\_

### Liability Waiver

I wish to participate in the Evergreen Commons Fitness Activities. I understand that my participation is strictly voluntary. I recognize that there are risks of personal injury associated with the use of the equipment and participation in the activities. I voluntarily assume responsibility for these risks and release Evergreen Commons, affiliated agencies, and their employees and agents from all claims, or whatever nature, which arise out of my use of Evergreen Commons facilities, including but not limited to, claims for injuries.

I understand that this liability waiver is a condition for participation in the Evergreen Commons Fitness Activities and use of the equipment. I agree that use of the facilities or programs, now or in the future, represents continued acceptance of this liability waiver. I am aware there will be no lifeguard present in the pool area.

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