



Kenai Senior Center

361 Senior Court, Kenai, Alaska 99611 ~ 907-283-8211

Page 1 of 1

EXERCISE RELEASE FORM

PARTICIPANT MUST COMPLETE THIS EXERCISE RELEASE FORM BEFORE BEGINNING ANY EXERCISE PROGRAM. (Please keep a copy of this form within each participants file for future reference)

IF YOU ARE A PARTICIPANT, THIS FORM MUST BE COMPLETED IN CONJUNCTION WITH THE PHYSICIAN RELEASE FORM.

Personal Information

Person's Name:			<input type="checkbox"/> Male	<input type="checkbox"/> Female	Age:
Person's Phone Number:	(Home): () -	(Work): () -			
Person's Address:	Street	City	State	Zip	

The following forms should be completed in conjunction with the *Exercise Release Form*:

☒ I have returned a signed Physician Release Form ☐

RELEASE / DISCLAIMER

I AM VOLUNTARILY PARTICIPATING IN PROGRAMS OFFERED BY THE KENAI SENIOR CENTER. I RECOGNIZE THAT EXERCISE/FITNESS PROGRAMS REQUIRE PHYSICAL EXERTION THAT MAY BE STRENUOUS AND CAUSE PHYSICAL INJURY INCLUDING DEATH. I UNDERSTAND THAT INSTRUCTORS MAY NOT HAVE CERTIFICATIONS OR FORMAL TRAINING. I UNDERSTAND THAT IT IS MY RESPONSIBILITY TO CONSULT WITH A PHYSICIAN PRIOR TO AND REGARDING ANY EXERCISE/FITNESS ACTIVITY. I HEREBY REPRESENT AND WARRANT THAT I HAVE NO MEDICAL CONDITION THAT WOULD PREVENT MY PARTICIPATION IN THE EXERCISE PROGRAM. I DO HEREBY ASSUME FULL RESPONSIBILITY FOR ANY AND ALL DAMAGES, INJURIES (INCLUDING DEATH), OR LOSSES THAT I MAY SUSTAIN OR INCUR, IF ANY, WHILE ATTENDING, PRACTICING, PARTICIPATING OR WITNESSING ANY KENAI SENIOR CENTER EXERCISE PROGRAM, OR PHYSICAL ACTIVITY OCCURRING IN OR ABOUT THE KENAI SENIOR CENTER PREMISES. I HEREBY ASSUME FULL RISK, WAIVE ALL CLAIMS AND RELEASE AND HOLD ANY KENAI SENIOR CENTER STAFF, IT'S INSTRUCTORS, OR PARTNERS OF SAID PROGRAM, INDIVIDUALLY OR OTHERWISE, HARMLESS FOR ANY AND ALL CLAIMS FOR INJURIES OR DAMAGES.

In consideration of my voluntary participation in exercise/fitness programs and the use of the Kenai Senior Center's facilities, I, my heirs or representatives forever release, hold harmless, indemnify and covenant not to sue the City of Kenai or the Kenai Senior Center, its Council, directors, officers, employees, and agents from any and all claims resulting from my participation in any exercise /fitness programs sponsored by the Kenai Senior Center. The invalidity or unenforceability of any provision of this release and waiver shall not affect or impair any other provision, which shall remain in full force and effect. The City and participant agree that any invalid or unenforceable provision contained herein will be modified consistent with the intent and spirit of this release/waiver.

I HAVE READ AND FULLY UNDERSTAND THE ABOVE RELEASE/WAIVER AND FULLY UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING THIS WAIVER VOLUNTARILY.

All applicants must sign.

Participant Signature: _____ DATE: _____

Kenai Senior Center
Exercise Programs for Older Adults

Kenai Senior Center ~ 361 Senior Ct., Kenai, AK 99611 ~ 907-283-4156 ~ fax 907283-3200

☐ Please check if this is a Physician's Release Renewal (no charge)

Patient Name: _____ Date: _____

Address: _____

Phone Number: _____ DOB: _____

Height: _____ Weight: _____ Pulse: _____ BP: _____

Other: _____

Medical Conditions: _____

Special Considerations: _____

_____ Yes, my patient may participate in the following exercise programs:

☐ Richard Simmons & Ellen Cramer exercise video

☐ Growing Strong Program (strength training - \$25 one-time fee)

Paid ☒ Cash ☐ Check# _____

☐ Tai-Chi

_____ No, my patient may not participate in _____

exercise program due to his/her medical conditions and health status.

Physician's Signature: _____

Physician's Printed Name: _____

Address: _____

Phone: _____ Fax: _____