



Fitness Program Informed Consent

I desire to participate voluntarily in the regularly scheduled exercise class offered by MedStar Montgomery Medical Center. These classes involve one or more of the following types of activities: calisthenics, muscular flexing and stretching, and aerobic or endurance exercises. I understand that these classes are not designed for persons with known heart disease or other serious medical conditions with or without functional impairment.

I understand that the reaction of the cardiovascular system to such exercise activities cannot be predicted with complete accuracy. There exists the possibility of certain changes that may take place during or following exercise. These include, but are not limited to: mild light-headedness, fainting, abnormalities of blood pressure or heart rate, ineffective heart function and, in rare instances, heart attack or cardiac arrest. I understand that the instructor endeavors to minimize such chances and their effects by being aware of helpful emergency procedures. I further understand that it is recommended that I receive a medical clearance from my private physician prior to starting such classes if I have heart disease or other serious medical condition with or without functional impairment.

I agree to release and hold harmless the instructor, MedStar Montgomery Medical Center, other organizations involved in this program and their agents from all liabilities, medical claims or expenses should any abnormal medical condition, problem or accident occur as a result of my participation in this program. Finally, I understand that the instructor is trained to conduct physical fitness classes, but is not qualified to render medical advice.

I certify that I am at least eighteen (18) years or age or have consent from my guardian to participate in these classes. I have read this form and understand its contents. Any questions that have arisen or occurred to me have been answered to my satisfaction.

Program Title: **Senior Strength and Balance**

Program _____

Participant's Address: _____

City: _____ State: _____ Zip: _____

Print Name: _____ Phone: _____

Signature of Participant: _____ Date: _____

Any allergies or physical 'ailments' instructor should know about: _____

Please mail form to: MedStar Montgomery Medical Center, Attn: Marketing Suite G20
18101 Prince Philip Drive Olney, MD 20832 301-774-8969

Health Provider Consent to Participate

Name of Patient: _____

I hereby consent to the participation of the above named individual in the senior exercise program. I am unaware of any medical or surgical condition(s), which the individual possesses which would be considered a contraindication to exercise.

Please note any recommendations or restrictions appropriate for your patient in this exercise program.

Please circle one: New Registrant Renewal

Program Title: _____

Name of Physician (printed /typed): _____ Date: _____

Signature of Physician _____

Physician's Address: _____ City: _____

State: Zip: _____ Physician's

Phone: _____

Please mail form to: MedStar Montgomery Medical Center, Attn: Marketing Suite 314

18101 Prince Philip Drive

Olney, MD 20832

301-774-8969