CAPE HENLOPEN SENIOR CENTER
Fitness Release Form

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PROGRAM NAME

I. **GENERAL INFORMATION**:

1. **NAME**:_____ 2. **AGE**:_____

3. **ADDRESS**:_____

Street

_____

City *State* *Zip Code*

4. **HOME TELEPHONE #**:_____

II. **HEALTH INFORMATION**:

1. Do you have any medical conditions that may limit your participation in this program, or you feel the instructor should know about?

_____Heart _____Respiratory _____Joints

_____Medications?_____

_____Back _____Skin _____Other

Please give details including limitations and special precautions.

_____

_____

_____

_____

III. **PARTICIPANT RELEASE FORM**:

I understand and agree that neither The Cape Henlopen Senior Center nor any co-sponsoring organization of facility, nor their respective chapters, officers, directors, employees, agents, members, or volunteers shall assume or have any responsibility or liability for expenses or medical treatment or for compensation for any injury I may suffer during or resulting from my participation in this program. I do hereby, for myself, my heirs, executors and administrators, waive, release, and forever discharge any and all rights and claims for damage that I may have or that may hereafter accrue to me arising out of or in any way connected with my participation in the program.

I also represent and warrant that I have bee 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.

_____ _____

Signature *Date*