



Exercise Readiness and Demographics Form (This form helps us receive government funding and all questions below are optional. Please answer the questions that you feel comfortable answering).

Name: _____ Date: _____ Gender: _____

Address: _____ City: _____

Zip: _____ County: _____ Phone: _____

Email: _____ DOB: _____

Emergency Contact/Relationship: _____

Emergency Contact Phone: _____

Name of Caregiver (if applicable): _____

Caregivers phone number (if applicable): _____

Race/Ethnicity (Please Circle):

African African American American Indian Caucasian/White

Asian/SE Asian/Pacific Hispanic/Chicano/Latino Multi- Racial Other

Income (Please Check One)

SINGLE Household Annual Income (Please check one):

\$0-11,770 \$11,771-23,540 \$23,541 and over

MORE THAN ONE person Household Annual Income

\$0-15,930 \$15,931-31,860 \$31,861 and over

How did you hear about this program? _____

Do you have any of the following conditions?

- | | | |
|-----|----|-------------------------------------------------------|
| Yes | No | Heart problem or pacemaker |
| Yes | No | Frequent pain in heart or chest |
| Yes | No | Severe dizziness, blackouts or often feel faint |
| Yes | No | High blood pressure |
| Yes | No | Severe arthritis that might be made worse by exercise |
| Yes | No | Heaviness, weakness or numbness in limbs |

Is there any reason not mentioned here why you may need to modify your exercise program? (For example: lung disease, diabetes) Yes No

If Yes, please state why:

Waiver and Release

I hereby agree to participate in the Como Park Falcon Heights Living at Home Block Nurse Exercise Program with the understanding that: I acknowledge upon starting the Como Park Falcon Heights Living at Home Block Nurse Exercise Program that I am capable of participating in such a program or that as required, I have consulted with my physician concerning my level of activity during exercise routines. I recognize the risks of illness or injury inherent in such a program, and am participating in this program with the understanding that I hereby release and waive any and all claims against Como Park Falcon Heights Living at Home Block Nurse Exercise Program from any injuries, claims, costs, damages, liabilities, or judgments arising out of my participation in Como Park Falcon Heights Living at Home Block Nurse Exercise Program. This waiver shall remain in effect until withdrawn or revoked. I agree that if any of the information I listed above changes, I will inform of the changes.

I hereby release and waive any and all claims against Como Park Falcon Heights Living at Home Block Nurse Exercise Program and their staff and volunteers from any injuries, claims, costs, damages, liabilities, or judgments arising out of my participation in Como Park Falcon Heights Living at Home Block Nurse Exercise Program.

SIGNED _____ Date: _____