Virtual Program Registration Form

Participant Name: _____
Address: _____
Telephone: _____
Email:_____
Emergency Contact: _____
Relationship: (i.e. friend, sister) _____
Emergency Contact Telephone: _____

Introduction: Regular physical activity is fun and healthy, and increasingly more people are starting to become more active every day. Being more active is very safe for most people. However, some people should check with their doctor before they start becoming more physically active, and start slowly and build up gradually.

Program Guidelines: Evidence-Based Programs are conducted by certified instructors and coaches and are open to any person, provided they are medically fit, independently mobile, and can participate without assistance in the class. It is highly recommended that any person with any doubt as to whether they are medically fit to attend the class should have medical clearance from their doctor prior to starting. The physical exertion required for participation varies by program. Classes usually last for forty-five minutes to one hour. Participants are encouraged to rest as needed and to work within their own comfort zone and abilities at all times. Participants are required to do a gentle warm-up exercise at the beginning of class and cool-down exercise at the end.

Acknowledgement of Personal Responsibility & Waiver: I have read the Program Guidelines and understand that there is an inherent risk in any exercise activities. I agree to abide by the rules set out by my instructor. In consideration for admission to this class, I hereby: (a) accept full responsibility for and assume the risk of any injuries sustained because of my participation in this program; (b) release and hold harmless the NC Center for Health & Wellness , its respective employees and directors, the instructor(s) and all personnel in association with the class for any liabilities, injuries and expenses which may arise as a result of participation in this program.

- ☐ I know of no medical reasons why I should not participate in this class. I understand that if I do have any medical reasons to not participate in this class, it is my responsibility to consult my doctor prior to starting.
- ☐ I have been informed that the sessions will include light to moderate exercise. I take full responsibility for my participation in these exercises. I agree to work within my own comfort zone and agree to stop exercising if I feel any pain or discomfort and will let one of the facilitators know.
- ☐ If necessary, I agree to contact my physician regarding the exercises I will be doing as part of this program.
- ☐ If my health changes throughout the duration of this program, I agree to consult my fitness or health professional to ask if I need to make changes to my physical activity plan.

Participant Signature: _____ Date: _____