

**CONTACT INFORMATION**

Name: (Please print FIRST NAME, LAST NAME)  
\_\_\_\_\_

Address: (unit number, street, city, postal code)  
\_\_\_\_\_  
\_\_\_\_\_

Phone Number: \_\_\_\_\_ Date of Birth: mm/dd//yyyy \_\_\_\_\_ Age: \_\_\_\_\_

Email: \_\_\_\_\_

Emergency Contact Name(s): (FIRST NAME, LAST NAME) \_\_\_\_\_ Emergency Contact Phone: \_\_\_\_\_  
\_\_\_\_\_

**HEALTH QUESTIONS**

1. Has your doctor ever advised you NOT to exercise?

YES

NO

If yes, please explain:

\_\_\_\_\_  
\_\_\_\_\_

2. Do you have any medical condition(s) we should be aware of?

YES

NO

If yes, please explain:

\_\_\_\_\_  
\_\_\_\_\_

3. Do you have any symptoms or difficulty with walking?

YES

NO

If yes, please explain:

Example: chest pain? muscle or joint discomfort? dizziness? balance? breathing difficulty?

\_\_\_\_\_  
\_\_\_\_\_

4. Today - are you feeling sick, unwell or unable to exercise?

YES

NO

If yes, please explain:

\_\_\_\_\_  
\_\_\_\_\_

**CONSENT, ACKNOWLEDGEMENT AND RELEASE**

- I have chosen to enroll in the Heart in the Park Program (the “Program”) offered by Change of Heart Fitness company.
- I acknowledge that my enrollment and participation in the Program is voluntary.
- I understand that the Program will involve physical activity including, but not limited to, walking and stretching. I understand that I should consult my doctor before participating in the Program, if I have any concerns about my health or my ability to participate.
- I will only proceed with performing exercise within the limits of my own physical fitness and using my good judgement.
- I understand that if there are changes to my health or if I feel unwell at any time, I should discontinue exercise and notify the Program leader immediately.
- I understand that the safety of any minors under my care while participating in the Program is my sole responsibility and I will not leave such minors unattended at any time.
- I understand that all payments I make to participate in the Program are NON-REFUNDABLE and Program passes are not transferable. If any of my payments are invalidated for any reason, I am responsible for full payment of the Program fees and any other costs that arise from the payment being invalidated.
- I may reserve a place in a session by paying the fee and signing up at least 24 hours in advance of the session, otherwise my participation is on a first come first served basis.
- I acknowledge that Change of Heart Fitness may need to change, decline, cancel or postpone the Program without prior notice, if the session reaches maximum registration, in the event of unsafe weather conditions or unforeseen or exceptional circumstances arise.
- I can withdraw from the Program at any time.
- In consideration of my participation in the Program, I hereby release Change of Heart Fitness and its agents from any claims, demands, and causes of action as a result of my voluntary participation and enrollment.
- I fully understand that I may injure myself as a result of my participation in the Program and I hereby release Change of Heart Fitness and its agents from any liability now or in the future for conditions that may result from my participation. These conditions may include, but are not limited to, heart attacks, strokes, muscle strains, muscle pulls, muscle tears, broken bones, shin splints, injuries to knees or other joints of the body, injuries to back, injuries to feet, heat exhaustion, other illness or soreness that may incur, including death.

I HEREBY AFFIRM THAT I HAVE READ AND FULLY UNDERSTAND THE ABOVE STATEMENTS.

\_\_\_\_\_ (Participant’s signature)

\_\_\_\_\_ (Witness)

\_\_\_\_\_ (Date)