



# Homer Senior Citizens, Inc.

3935 Svedlund Street  
Homer, Alaska 99603  
(907) 235-7655 Fax: (907) 235-3739

## PARTICIPANT CONSENT

I have voluntarily enrolled in a program of progressive exercise. The program is designed to place a gradually increased workload on the heart, lungs, muscles, and bones to help improve their function. I understand that participation in such a program may be associated with some risks. These risks may include but are not limited to, muscle soreness, fainting, disorders of heartbeat, abnormal blood pressure, and in exceedingly rare instances, heart attack.

To the best of my knowledge, I do not have any limiting physical conditions or disability that would prevent an exercise program. I release everyone who has designed, promoted, or conducts the (name) \_\_\_\_\_ class from all claims or liabilities whatsoever resulting from my participation in this program. I assume all risks and responsibilities for any injury, damage or any other adverse event that may result from my participation.

Before I begin this program, I understand that a pre-exercise assessment and physician screening consent form are needed. I understand that each person may react differently to these fitness activities and these reactions cannot be predicted with complete accuracy. I will inform the Class Leader and/or my health care provider if I experience any unusual symptoms.

Signature \_\_\_\_\_

Printed Name \_\_\_\_\_

Date \_\_\_\_\_

