
L I V E S T R O N G [™] *at the* Y M C A

INFORMED CONSENT/ ASSUMPTION OF LIABILITY FORM

Name: _____ Today's Date: _____

Phone: _____ Age: _____ Date of Birth: _____ Sex: M F

How did you hear about the LiveSTRONG at the YMCA program? (Please be specific):

- I understand that I am being invited to participate in testing and activities to evaluate and improve by physical fitness.
- I understand that during the course of this program, and/or at any other times while visiting the YMCA, staff will be unable to provide treatment beyond basic first aid, should I experience any physical concerns.
- I further understand that my participation in this program is entirely voluntary and that the program will ask me to participate in cardiovascular and resistance training and flexibility.
- I have read this form in its entirety and understand the inherent risk associated with exercise. I understand that I am responsible for monitoring my own condition while exercising and should any unusual symptoms occur, I will cease participation and inform the trainer/instructor of the symptoms.
- I affirm that any questions or concerns that I have about participating in the program have been answered to my satisfaction and that I have discussed, with my physician, any concerns that I may have about starting an exercise program.
- In consideration of being allowed to participate in any exercise program at the YMCA of the Northwoods, I agree to assume the risk of such participation. I agree to hold harmless the YMCA and its staff members for any and all claims, suits, losses, or related causes of action for damage, including, but not limited to, such claims that may result from my injury or death, accidental or otherwise, during, or arising in any way from any exercise or exercise program.

As part of your participation in the LIVESTRONG at the YMCA program, we ask that you complete the attached questionnaire regarding your health condition. All responses are kept confidential; your individual answers will not be shared with anyone outside of the LIVESTRONG staff. The information you provide will be combined with other respondents' answers and analyzed and reported to help us evaluate the program's effectiveness, as well as plan future program sessions.

Thank you for participation in our pilot program and for completing the necessary paperwork.

Signature of participant

Date

Name of Emergency Contact

Phone Number of Emergency Contact

You may return this form to the following:

Via FAX: (715)362.9623

Via Mail: 2003 WINNEBAGO ST E, RHINELANDER WI, 54501 (Attention Marilyn Duschl, LIVESTRONG)

Health Condition Questionnaire

Cancer History:

Type of Cancer: _____

Date of Diagnosis: _____

Cancer Related Surgeries: _____

Cancer Related Treatments: _____

Major Side Effects Experienced: _____

Other Information You Wish to Share Regarding Your Cancer Treatment:

Please List Any Orthopedic Concerns That May Affect Your Participation:

Please use the space below to share with us your *physical* goals for this 12 week program.

Please use the space below to share with us your overall *WELLNESS* goals for this 12 week program.

How do you think the LIVESTRONG at the YMCA staff can best help you reach your goals?

How do you like to be rewarded?