

# EXERCISE CLASS QUESTIONNAIRE & WAIVER FORM



This form must be completed and signed before participating in a MWP Community Care Exercise & Wellness program. You must answer all questions honestly to the best of your knowledge. If you are unsure about anything, please ask a MWP Community Care staff member.

## Personal Information (please print in BLOCK LETTERS)

Full Name :

Date of Birth :

Home Address :

Home Number :

Mobile Number :

Email Address :

Are you currently a client of MWP Community Care ?

Are you registered with My Aged Care ?

If YES, what is your My Aged Care Number

Emergency Contact :

Phone Number :

## Medical Information (please print in BLOCK LETTERS)

Do you have any medical conditions or injuries that may affect your ability to participate in an exercise class ?

If yes or unsure, please specify

Do you have any allergies or sensitivities to materials used in the class or classroom ?

If yes, please specify

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## Medical Information (cont)

Have you undergone any recent surgeries or medical procedures ?

If yes, please provide details:

Yes / No

Three horizontal grey bars for providing details of recent surgeries or medical procedures.

Have you had any serious injuries or surgeries in the past 10 years? E.g., bone fractures, muscle tears, falls, hip or knee replacements?

If yes, please provide details:

Yes / No

Three horizontal grey bars for providing details of serious injuries or surgeries in the past 10 years.

Do you have a history of heart problems or cardiovascular disease?

If yes, please provide details:

Yes / No

Three horizontal grey bars for providing details of heart problems or cardiovascular disease.

Have you been advised by a healthcare professional to limit physical activity or exercise?

If yes, please provide details:

Yes / No

Three horizontal grey bars for providing details of healthcare professional advice to limit physical activity or exercise.

Do you have any diagnosed muscle, bone or joint problems that you have been told could be made worse by participating in physical activity or exercise?

If yes, please provide details:

Yes / No

Two horizontal grey bars for providing details of diagnosed muscle, bone or joint problems.

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**If you have diabetes (type one or two), have you had trouble with your blood glucose levels in the last three months?**

Yes / No

If yes, please provide details:

Three horizontal grey input fields for providing details.

**Have you had an asthma attack requiring immediate medical attention anytime over the last 12 months?**

Yes / No

If yes, please provide details:

Three horizontal grey input fields for providing details.

## Emergency Medical Information

In the event of accident, injury, or other medical emergency, I hereby give my permission to be transported to hospital for medical attention. If any major medical treatment or intervention is required and I am unable to give directions to medical staff about my care and if my nominated Emergency Contact is unable to be contacted, then please contact the persons below:

Name	:				
Relationship	:		Phone	:	
Family Doctor	:		Phone	:	
Medicare Number	:		Exp Date	:	
Health Fund Provider	:		Exp Date	:	

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## Informed Consent and Legal Liability Waiver

By signing this form, you acknowledge that you have read and understood the information provided about the exercise class and consent to participate in the exercise class.

Please read the following Legal Liability Waiver carefully.

1. I \_\_\_\_\_ hereby waive and release, indemnify, hold harmless and forever discharge **MWP Community Care**, and its agents, employees, officers, directors, coaches, and teachers from any and all claims, demands, causes of action, damages, and liabilities, in law or equity, arising from or in any way related to my participation in any exercise class activities conducted by **MWP Community Care** provided that this waiver of liability does not apply to any acts of gross negligence, or intentional, wilful or wanton misconduct on their part.
2. I understand that the activities in which I will participate are potentially dangerous and may cause bodily injury, damage to my personal property, and/or death. On behalf of myself, my heirs, assigns, executors and next of kin, I waive all claims of damage, injuries and death sustained to me or my property, that I may have against **MWP Community Care**, including claims in tort, contract, equity or otherwise.
3. I acknowledge, agree, and represent that I understand the nature of **MWP Community Care's** activities and that I AM IN GOOD HEALTH and in PROPER PHYSICAL CONDITION to participate in such activities. I further agree and warrant that if at any time I believe any activity to be unsafe for me, I will IMMEDIATELY DISCONTINUE further participation in the activity.
4. By this Waiver, I assume any risk, and take full responsibility for any personal injury, death, damage, or loss of personal property, associated with MWP Community Care's, events and activities including but not limited to Exercise Classes.
5. This WAIVER AND RELEASE contains the entire agreement between the parties and supersedes any prior written or oral agreements between them concerning the subject matter of this WAIVER AND RELEASE. The provisions of this WAIVER AND RELEASE may be waived, altered, amended, or repealed, in whole or in part, only with the prior written consent of all parties.
6. The provision of this WAIVER AND RELEASE will continue in full force and effect even after the termination of the activities conducted by, on the premises of, or for the benefit of [PROVIDER], whether by agreement, by operation of law, or otherwise.

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7. I have read, understood and fully agree to the term of this WAIVER AND RELEASE. I understand and confirm that by signing this WAIVER AND RELEASE, I have given up considerable future legal rights.
  
8. I have signed this agreement freely, voluntarily, and under no duress or threat of duress, without inducement, promise or guarantee being communicated me. My signature is proof of my intention to execute a complete and unconditional WAIVER AND RELEASE of all liability to the full extent of the law.

Participant's Signature: \_\_\_\_\_ Date:     /     /

Guardian's Signature (if applicable): \_\_\_\_\_ Date:     /     /

Please return this form to the MWP Community Care staff before participating in the exercise class.

**Thank you for completing this form**

**Please contact a MWP Community Care Staff Member if you have any concerns or questions**