



Senior Steps Registration Form

Name: _____ DOB: _____ Age: _____

Phone: _____ Email: _____

Address: _____ City: _____ Zip: _____

Shirt Size (circle one) S M L XL XXL

Participation Waiver & Release

I acknowledge that:

1. I am in good physical condition and have no disability, impairment or ailment that would prevent me from participating in physical activity.
2. It is recommended I consult with my physician before beginning an exercise regimen.
3. If I am currently taking, or if I begin taking any medication, it is my responsibility to be aware of the potential effects the medication may have on my ability to participate in any program, fitness assessment, service or event.
4. It is my responsibility to use the equipment correctly. I will request assistance when needed.
5. Use of the facilities and participation in any program, fitness assessment, service or event is strictly voluntary and done at my own risk.
6. Any assessments, fitness test results, or recommendation I receive from the staff is not a medical assessment or diagnosis.
7. I will abide by all rules and regulations set forth by Sparrow Eaton Hospital, ALIVE and their representatives.
8. Sparrow Eaton Hospital and ALIVE are not responsible for any loss or damaged property.
9. I consent to have my photograph taken and published for educational or publicity purposes.
10. I hereby waive and release any and all rights or claims I may have against Sparrow Eaton Hospital, ALIVE and any of their employees or representatives for any and all injuries which may be suffered in connection with my use of their facilities or participation in their programs, services, or events.

Signature: _____ **Date:** _____