



Fitness and Wellness Programs

PARTICIPANT REGISTRATION FORM

Name: _____ Date of Birth: _____

Address: _____

City, State, Zip Code: _____

Home Telephone Number: _____ Work/Cell Number: _____

Please check the program or programs you will be attending:

- Arthritis Aquatic Program
- Graduate Pool Program
- Aquatic Cardio & Core
- Pool Conditioning
- Personal Training
- General Fitness Program
- "Golfers in Motion" Off-Season Conditioning Program
- Walking & Conditioning Group
- Individual Walking Program
- Chair Yoga

PARTICIPANT RELEASE FORM:

I understand and agree that neither the Mount Sinai Rehabilitation Hospital nor their employees or volunteers shall assume or have any responsibility or liability for expenses or medical treatment or for compensation for any injury I may suffer during or resulting from my participation in this program. I do hereby for myself, my heirs, executors and administrators, waive, release, and forever discharge any and all rights and claims for damages that I may have or that may hereafter accrue to me arising out of or in any way connected with my participation in this program.

I also represent and warrant that I have been advised to seek consultation from my doctor about whether I can safely participate in this program and whether there are precautions or limitations to my participation.

Signature: _____

Date: _____

Staff: _____

Date _____