

Kickboxing and/or Yoga Class Participation

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| Name: | Today's Date: | Male <input type="checkbox"/> Female <input type="checkbox"/> |
| Daytime Phone: Evening Phone: | e-mail: | Birth Date: Age: |

Physical Condition:

1. How many days per week are you active? What activities do you do regularly? _____

2. How would you rate your fitness level? (circle one) very fit, fit, somewhat fit, somewhat unfit, unfit
3. How would you rate your health? (circle one) very healthy, healthy, slightly unhealthy, unhealthy
4. List any injuries, bone/joint conditions, diseases or other health issues that you currently have or have had, and include dates (i.e. cancer, high blood pressure/cholesterol, tendonitis, diabetes, etc):

Informed Consent & Wavier

I would like to participate in kickboxing and/or Yoga (please circle) at Mt. Olivet Lutheran Church. I understand that there may be risks associated with these activities. Therefore, I hereby consent voluntarily to participate in Kickboxing and/or Yoga at my own risk. I further agree to:

- ✓ Exercise according to my fitness level and capabilities.
- ✓ Report to my instructor any physical limitations and conditions that may be aggravated by Kickboxing and/or Yoga.
- ✓ Ask for assistance from my instructor when performing exercises I am unfamiliar with.
- ✓ Stop exercising and report immediately to my instructor any symptoms of chest pains, shortness of breath, extreme muscle or joint pain, fatigue, or feeling faint.
- ✓ Abide by the Physician Consent Form (if applicable).

I also agree for myself, my heirs, and my representatives, to hereby waive and forever release my instructor, Mount Olivet Lutheran Church and its affiliates, directors, officers, employees, representatives and successors from any and all claims from damages or personal injury arising from my participation in Kickboxing and/or Yoga. I accept full responsibility for any and all personal property and effects including, but not limited to, responsibility for damage to or loss of clothing, equipment, eyeglasses, etc. Further, in the event of any injury, I do hereby give my permission and consent to authorize such first aid or medical and/or hospital care or treatments deemed appropriate.

I have read and agree to the Informed Consent and Wavier above.

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| Applicant's Signature: _____ | Date: _____ |
| Applicant's Name (please print): _____ | |
| Instructor's Signature: _____ | Date: _____ |