1 2 3 4

Silver Sneakers # _____-_____-_____-_____
Silver & Fit #_____
Renew Active Confirmation #_____
Medicare Supplemental Insurance: _____

U A M S Community Fitness Program

Emergency Information

Name: _____ Birth Date: _____

E-Mail Address: _____ Phone #: _____

Address: _____ Cell #: _____

City, State, Zip: _____ Work Phone #: _____

Emergency Contact: _____ Phone #: _____

Physician: _____ Phone # _____

Medical History

Are you having or have you had any of the following (Please check):

☐	Heart Problems	_____	☐	Balance Problems	_____
☐	Tobacco Use	_____	☐	Memory Loss	_____
☐	Cancer	_____	☐	Osteoporosis	_____
☐	High Blood Pressure	_____	☐	Obesity	_____
☐	Multiple Sclerosis	_____	☐	Breathing Problems	_____
☐	High Cholesterol	_____	☐	Recent Surgery	_____
☐	Diabetes	_____	☐	Stroke	_____
☐	Parkinson Disease	_____	☐	Fibromyalgia	_____
☐	Arthritis	_____	☐	Hernia	_____
	☐ Location	_____	☐	Polio and Post-Polio	_____
☐	Low Back Pain	_____	☐	Can you swim?	_____
☐	Seizures	_____	☐	Other Conditions	_____

Explain any checked conditions on the lines beside the condition.
Please consult with your physician if you have any of the above conditions before beginning any vigorous activities.

I have read the Release and Waiver of Liability Form (attached) and understand the risks and accept full responsibility for exposure to such risks. I agree to abide by the rules and regulations of the Ottenheimer Fitness Center and/or the Water Wellness Program at the Jackson T. Stephens Spine and Neurosciences Institute.

Signature: _____ Date: _____

Name (Please Print): _____

Witness: _____ Date: _____

(OVER)

Release and Waiver of Liability
UAMS Jack T. Stephens Spine and Neurosciences Institute Water Wellness Program and the Ottenheimer Fitness Center("UAMS Facilities")
Community Membership

In requesting membership to the UAMS Facilities, I affirm that I am in good health and that I am not adversely affected by physical exercise activities ("Exercise") in which I will be involved in at the UAMS Facilities. I further affirm that I am safely able to engage in Exercises at the UAMS Facilities. I am either (1) not currently under the care of a physician who should be advised of my desire to participate in Exercises, or (2) under the care of a physician and affirmatively state that I have received his/her permission to participate in Exercises.

I agree to follow all the rules and policies of the UAMS Facilities. I understand that my failure to abide by and to follow the UAMS Facilities' rules and policies may result in the termination of my Membership. I further understand that UAMS has the right to terminate my Membership at its complete and unilateral discretion.

I understand there is inherent risk of injury in participating in Exercises and use of the UAMS Facilities and its equipment. I further understand that there is no lifeguard on duty at the UAMS Facilities and that the UAMS Facilities may be unattended by staff members. I acknowledge the existence of this risk and expressly assume the risk of injury or harm from my participation in Exercises and use of the UAMS Facilities and its equipment, including but not limited to:

- Use of exercise equipment,
- Participation in unsupervised activities,
- Possible injury or medical disorder, such as heart attack, stroke, heat stress, sprains, torn muscles, or broken bones, and
- Accidents or injury that occur in UAMS Facilities, such as locker rooms, dressing rooms and showers.

I, including my heirs, executors and administrators, release and hold harmless the University of Arkansas, the Board of Trustees of the University of Arkansas, the University of Arkansas for Medical Sciences and its employees, successors and assigns from any and all liability, claims, and demands of whatever kind or nature, either in law or in equity, which arise or may hereafter arise from my participation in Exercises or use of the UAMS Facilities. I understand and acknowledge that this Release and Waiver of Liability discharges UAMS from any liability or claim that I may have against UAMS with respect to bodily injury, personal injury, illness, death, or property damage that may result from my participation in Exercises or use of the UAMS Pool.

I expressly agree that this Release and Waiver of Liability is intended to be as broad and inclusive as permitted by the laws of the State of Arkansas and that this Release and Waiver of Liability shall be governed by and interpreted in accordance with the laws of the State of Arkansas. I agree that if any provision of this Release and Waiver of Liability is deemed invalid, the enforceability of the remaining provisions shall not be affected.