

HENRICO COUNTY FITNESS REGISTRATION and ASSUMPTION OF THE RISK

Must be returned in a sealed envelope for confidentiality.

*****YOU MUST COMPLETE THIS FORM TO ACCESS FITNESS SERVICES*****

Name: _____ Date: _____

Department: _____ Work Phone :(____) _____ Email Address: _____

Personal Information: Age _____ Date of Birth: _____

Phone: (____) _____ (Home) (____) _____ (Cell) (____) _____

Home Address _____

City _____ State _____ Zip Code _____

Emergency Contact _____ Relationship: _____ Phone: (____) _____

Physician's Name _____ Phone (____) _____

Health Insurance Provider _____ Insured's ID # _____

MEDICAL INFORMATION

Do you know of any medical problem that might make it dangerous or unwise for you to participate in an exercise or fitness program?

Yes No

If yes, explain _____

EXERCISE HISTORY

Do you currently exercise on a regular basis? Yes No

If yes, number of times per week? _____ How long do you exercise? _____

What type of exercise(s) do you do? _____

ASSUMPTION OF RISK & WAIVER

I _____ understand that this program involves strenuous physical activity and that physical injury may occur. In addition, I understand that there are risks inherent in this voluntary fitness activity. These risks include a possible injury to muscles, bones and skeletal structures, abnormal blood pressure response, irregular heartbeats, a risk of fainting, a chance of heart attack, serious cardiac arrhythmia or even death. Therefore, I understand it is important to disclose any preexisting health condition or injury that may adversely affect my performance while exercising and further to obtain my physician's approval before voluntarily participating in this program. Knowing the risks, I agree to assume responsibility for these risks. I further understand that Henrico County is not liable for any injuries that may result from my participation in this voluntary fitness program. Henrico County recommends that participants secure adequate medical insurance to cover any injuries that may arise from your voluntary participation in this fitness program. I have read this document. I understand it, and any questions that I had, have been answered satisfactorily. I am participating willingly and at my own risk. I understand the potential health risks concerning my participation in the exercise program.

Signature _____ Date _____

Print Name _____

You must be a county employee eligible to be covered under the medical plan. All information given is confidential, but required for registration. Please return this form in a sealed envelope. Please print all information.

Please mail (faxes are not accepted) completed Registration Form to:

Liz Stepanek, Division Manager

STE57@CO.HENRICO.VA.US

(804) 501-7556

Human Resources Department - Henrico Training Center-PO Box 90775, Henrico, VA 23273-0775