Neighborhood House Community Center
29 S. Mills St.
Madison, WI 53715
Phone: 608-255-5337
info@neighborhoodhousemadison.org
http://www.neighborhoodhousemadison.org/

Senior Fitness+ Photo Release:

Please note that Neighborhood House may take photos or videos at this event for marketing materials. Neighborhood House Community Center will use these videos and pictures in a manner consistent with the mission of the organization. Your attendance at these events indicates your consent for your image to be recorded and used in this manner.

Name (please print): _____

Signature: _____ Date:_____

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To: Madison Residents

Dear Potential Participant,

Stay fit and young at heart with Senior Fitness+, Neighborhood House's new exercise program for seniors. Join us for a workout that includes evidence-based exercise plans aimed at improving cardiovascular stamina, muscular strength, balance and flexibility. Through cardio intervals, strength sets, yoga and relaxation this class sets the framework for an active and healthy lifestyle. Exercises can be modified for all abilities, so people of any fitness level are welcome!

This program will be on Tuesdays and Thursdays from 10:30am-11:30am starting on Tuesday, October 3rd. This program will run for 7 weeks and end on Thursday, November 16th. Additionally, there is a $20 suggested donation for the program.

If you are interested in participating in this program, please fill out the application, questionnaire, and waiver forms enclosed in this packet to reserve your spot.

For more information about the program, please call 608-255-5337.

Sincerely,

Nikki Novoselsky

Program Director
Neighborhood House Community Center
nikki@neighborhoodhousemadison.org

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Senior Fitness+ Questionnaire

How would you describe your current fitness level? (circle one)

-Sedentary -Moderately Fit -Physically Fit

What physical activity do you currently engage in?

_____

_____

Have you participated in an exercise program at Neighborhood House before? Yes or No

How many minutes per week do you devote to the following activities?

-Cardiovascular Exercise _____

-Strength Training _____

-Balance Exercise & Training _____

-Yoga/Flexibility Training _____

What are you looking to get out of this program?

_____

_____

Is there any exercise or activity in particular that you would like to do in this program?

_____

_____

Please list any health issues/concerns:

_____

_____

Please list current medications you are taking:

_____

_____

Additional notes:

_____

_____

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Participant Consent & Liability Waiver

"I, _____, have enrolled in Senior Fitness+, a health and fitness program offered by Neighborhood House. I recognize that the program may involve strenuous physical activity including, but not limited to, muscle strength and endurance training, cardiovascular conditioning and training, yoga, flexibility and balance training and other various fitness activities. I hereby affirm that I am in good physical condition and do not suffer from any known disability or condition which would prevent or limit my participation in this exercise program. I acknowledge that my enrollment and subsequent participation in this program is purely voluntary and in no way mandated by Neighborhood House."

"In consideration of my participation in this program, I, _____, hereby release Neighborhood House and its agents from any claims, demands, and causes of action as a result of my voluntary participation and enrollment."

"I fully understand that I may injure myself as a result of my enrollment and subsequent participation in this program and I, _____, hereby release Neighborhood House and its agents from any liability now or in the future for conditions that I may obtain. These conditions may include, but are not limited to, heart attacks, muscle strains, muscle pulls, muscle tears, broken bones, shin splints, heat prostration, injuries to knees, injuries to back, injuries to foot, or any other illness or soreness that may incur, including death."

I HEREBY AFFIRM THAT I HAVE READ AND FULLY UNDERSTAND THE ABOVE STATEMENTS.

_____ (Participant Signature)

_____ (Printed Name)

_____ (Date)

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Participant Information Form

Participant Full Name:_____

Address:_____

_____

_____

Phone Number:_____

Email Address:_____

Date of Birth: _____/_____/_____ Age:_____

In case of emergency, please call:

Name:_____

Relationship:_____

Phone Number:_____

Email Address:_____

Medical Doctor's Name:_____

Phone Number:_____