

Tai Chi – Moving for Better Balance Participant Form

1. Date: _____

2. Name: _____

3. Age: _____

4. Address: _____

5. Phone #: Home _____ Cell _____

6. Email address: _____

7. In the six months before starting the Tai Chi class, how many times did you fall? _____

8. Can we contact you six months after the end of the *Tai Chi-Moving for Better Balance* class to ask how many times you have fallen since the class ended? Yes _____ No _____

9. Please inform the instructor if you have any health or safety concerns that may affect your ability to participate in class.

EMERGENCY CONTACT INFORMATION:

Name: _____

Address: _____

Phone #: Home _____ Cell _____

Physical Fitness Readiness Questionnaire

This questionnaire will help you determine if you are ready to participate in a physical activity program. It will help you identify if vigorous physical activity might be inappropriate for you.

Yes	No	Has your doctor ever said you have heart trouble?
Yes	No	Have you ever had chest pain or heavy pressure in your chest as a result of exercise, walking or other physical activity? (This does not include the normal out-of-breath feeling that results from vigorous exercise.)
Yes	No	Do you often feel faint or experience severe dizziness?
Yes	No	Has a doctor ever told you that you have high blood pressure or diabetes?
Yes	No	Have you ever had a real or suspected heart attack or stroke?
Yes	No	Do you have any physical condition, impairment or disability, including any joint, knee or muscle problems that should be considered before you begin an exercise program?
Yes	No	Have you ever taken medication to reduce your blood pressure or your cholesterol levels?
Yes	No	Are you <u>excessively</u> overweight?
Yes	No	Is there any good physical reason not mentioned here why you should not follow an activity program even if you wanted to?
Yes	No	Are you over age 35 and not accustomed to energetic exercise?
Yes	No	Are you pregnant?

If you answered **YES** to one or more questions, and if you have not recently done so, consult with your doctor **BEFORE** starting any exercise program.



Release of Liability and Assumption of Risk

Tai Chi Training

In consideration of gaining access to participate in activities associated with the **Oklahoma State Department of Health Tai Chi Training**, I do hereby waive, release, and forever discharge the **Oklahoma State Department of Health** and its officers, agents, employees, representatives, executors, and all others from any and all responsibilities or liability for injuries or damages resulting from my participation in any activities in said program. _____ (Initial)

I understand the policies and procedures set forth by the **Oklahoma State Department of Health** and I have had the opportunity to discuss my specific needs in relation to participatory activity; and, as a result, I do voluntarily request the right to participate in this preventive program of exercise. _____ (Initial)

Also, in consideration of the above factors, I acknowledge the existence of risks in connection with these activities, assume such risks, and agree to accept the responsibilities for any injuries sustained by my usage of the facilities and/or its equipment. Most specifically, I acknowledge and accept responsibility for injuries arising out of those activities that involve risk in the following areas:

- The use of facility equipment
- The participation in group activities related to exercise and activity

I understand that I have the right to consult with a physician before engaging in the Tai Chi Training class.

Having read the preceding, I acknowledge full understanding of those risks set forth herein and knowingly agree to accept full responsibility for my own exposures to such risks and to waive full responsibility and liability on behalf of the **Oklahoma State Department of Health**. _____ (Initial)

All information that I provide on this form will be kept strictly confidential and will be accessible only by the OSDH Injury Prevention Service.

Participant's Name (type or print)

Participant's Signature

Date

Witness' Signature

Date