HIGH COUNTRY
AREA AGENCY ON AGING

Health Program Registration Form

Program Location: _____
Participant Name: _____
Address: _____
Telephone: _____
Email: _____
Emergency Contact Name: _____
Relationship (i.e. friend, sister) _____
Emergency Contact Telephone _____

Program Guidelines: Health programs are open to any person, provided they are medically fit, independently mobile, and can participate without assistance in the class. It is highly recommended that any person with any doubt as to whether they are medically fit to attend the class should have medical clearance from their doctor prior to starting. The physical exertion required for participation varies by program. Classes usually last forty-five minutes to one hour. Participants are encouraged to rest as needed and to always work within their own comfort zone and abilities. Participants are required to do a gentle warm-up exercise at the beginning of class and cool-down exercise at the end.

Acknowledgment of Risk & Release of Liability: I have read the Program Guidelines and understand that there is an inherent risk in any exercise activities. I agree to abide by the rules set out by my instructor. In consideration for admission to this class, I hereby: **(a)** accept full responsibility for and assume the risk of any injuries sustained because of my participation in this program; **(b)** release and hold harmless the High Country Area Agency on Aging, its respective employees and directors, the instructor(s) and all personnel and agencies in association with the class for any liabilities, injuries, harm and expenses which may arise as a result of participation in this program.

Photo Release: Photos taken during workshop activities may be used for outreach materials promoting participation in fall prevention and health related programs. This includes printed material and digital materials such as program brochures, newsletters, or website pages created by the High Country Area Agency on Aging. Please check ONE of the boxes below:

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- ◯ I consent to the use of my photograph in High Country Area Agency on Aging promotional activities
- ◉ I do not consent to the use of my photograph in High Country Area Agency on Aging promotional activities

Consumer Contributions: Health Promotion Programs are funded by a combination of Federal, State, and Local Funds. If you would like to make a voluntary contribution towards the cost of this program, your contribution will enable us to expand and enhance these services in our communities. Contributing is completely voluntary, and you are under no obligation to contribute. Your continued participation in these programs and services is NOT dependent upon your willingness or ability to contribute. Checks, as well as inquiries can be made to the High Country Area Agency on Aging:

High Country Area Agency on Aging
468 New Market Blvd
Boone, NC 28607

By checking the boxes below, I agree that:

- ☐ I know of no medical reasons why I should not participate in this class. I understand that if I do have any medical reasons to not participate in this class, it is my responsibility to consult my doctor prior to starting, **AND**:
- ☐ I have been informed that the sessions will include light to moderate exercise and movement. I take full responsibility for my participation in these exercises. I agree to work within my comfort zone and agree to stop participation if I feel any pain or discomfort and will let one of the facilitators know, **AND**:
- ☐ If necessary, I agree to contact my physician regarding the exercises I will be doing as part of this program, **AND**:
- ☐ If my health changes throughout the duration of this program, I agree to consult my fitness or health professional to ask if I need to make changes to my physical activity plan.

Participant Signature: _____

Date: _____