



## College of Southern Idaho Over 60 & Forever Fit Program Health History and Informed Consent Agreement

Thank you for choosing to enroll in an activity course in the College of Southern Idaho's Active Aging and Over 60 & Forever Fit Program. We request your understanding and cooperation in maintaining both yours and the safety and health of others by filling out this confidential form to the best of your ability.

*I, \_\_\_\_\_, declare that I intend to participate in an Over 60 & Getting Fit/Forever Fit activity class offered by the College of Southern Idaho (CSI), and I understand that each person (myself included), has a different capacity for participating in such courses. I acknowledge that my choice to participate in any activity brings with it my assumption of risks stemming from this choice.*

*I, \_\_\_\_\_, recognize that by participating in this CSI Over 60 & Getting Fit/Forever Fit activity class, I may experience potential health risks including but not limited to light-headedness, fainting, abnormal blood pressure, chest discomfort, vomiting, nausea, leg cramps and increased heart rate and that I assume willfully those risks. I acknowledge my obligation to immediately stop exercising and inform the instructor of any pain, discomfort, fatigue, or any other symptoms that I may suffer during and immediately after my participation.*

*I, \_\_\_\_\_, have voluntarily decided to participate in the exercise program which may including functional fitness testing. I release liability against the College of Southern Idaho for injury that could occur.*

Emergency Contact: \_\_\_\_\_ ( ) - \_\_\_\_\_  
Name Relationship Phone

*I have read, understood and completely filled out the above to the best of my ability.*

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Signature: \_\_\_\_\_ Date of Birth \_\_\_\_\_