

Highland Park Hospital Health & Fitness Center
Arthritis Foundation Aquatic Program
Participant Application Form



Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Type of arthritis, if known: _____

List other physical limitations/concerns: _____

Do you need special assistance to enter & exit the pool? _____

How tall are you? _____

Physician's Name: _____

Physician's Phone: _____ Fax: _____

Emergency contact: _____

Phone: _____ Relationship: _____

I have read, understand, and agree to the Arthritis Program Guidelines as established by HPHHFC.

Signature: _____

Participant Release Form

I understand and agree that there are risks, both foreseeable and unpredictable, associated with any exercise program. I am aware of these risks and agree that my participation is at my own risk. If my application for the Arthritis Foundation YMCA Aquatic Program is accepted, and I am permitted to participate in this program, I hereby understand and agree that neither the Arthritis Foundation nor the YMCA of the USA nor any co-sponsoring organization or facility, nor their respective chapters, officers, directors, employees, agents, members or volunteers, shall assume or have any responsibility or liability for expenses or medical treatments or for compensation for any injury I may suffer during or resulting from my participation in this program. I do hereby, for myself, my heirs, executors and administrators, waive, release, and forever discharge any and all rights and claims for damages that I may have or that my hereafter accrue to me arising out of or in any way connected with my participation in this or any future programs. I also represent and warrant that I have been advised to seek consultation from my doctor about whether I can safely participate in this program and whether there are precautions or limitations to my participation.

Date: _____ Signature: _____