



Medical History for Exercise Participation

Please complete the following questions as accurately as you can. Update as necessary.

This information is kept confidential and available to the program and emergency personnel only in the event an emergency.

Participant's Name: _____ DOB: _____

Emergency Contact: _____ (_____) _____ - _____
Name Phone

1. Are you currently taking any medication?

a. If yes, indicate what medication(s):

2. Do you smoke cigarettes or use tobacco products?

a. If yes, indicate how long and how much?

3. Are you taking any supplements (vitamins, amino acids, herbs etc)?

a. If yes, indicate what you are taking.

4. Have you ever suffered from any of the following?

____ Heart attack ____ Coronary artery disease ____ Stroke
____ Congestive heart failure ____ Arthritis ____ Cancer
____ Allergies (if yes, include specifics):

5. Have you ever been diagnosed for any of the following? (Check if yes)

____ Diabetes Mellitus ____ Kidney problems ____ Pregnancy
____ Abnormal heart rate; murmur ____ Hypertension ____ Obesity
____ Chronic Infectious Diseases ____ Asthma ____ Anemia
____ Lower Back Pain ____ Joint problems ____ Dizziness
____ Abnormal metabolism ____ High Blood Cholesterol ____ Fainting
____ Muscle/skeletal problems ____ Other (Please explain):

6. Is there a family history (parents, siblings) of the following before age 55?

____ Heart disease ____ Diabetes ____ Obesity

7. Do you experience any of the following when you exercise?

____ Pain or discomfort in the chest region ____ Shortness of breath
____ Dizziness or fainting ____ Skipped heart beats ____ Leg pains



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8. Is there any reason that you should not exercise?

9. Describe your current exercise program.

10. Do you have any muscle or skeletal problems or injuries? If yes, please describe.

11. Have you had any lower back pain which lasted more than one week?

12. Are you/could you be currently pregnant?

I understand the provided information and guarantee this form was completed correctly to the best of my knowledge. I understand that it is my responsibility to inform the instructor of any changes to the information I have provided. This information is kept confidential and available to the program and emergency personnel only in the event an emergency. However, the information obtained could be used for statistical or research purposes, though no association with my identity will be revealed.

I hereby acknowledge that I am familiar with all risks and hazards incidental to participation, and I further hereby assume all risks and hazards incidental to such participation including, but not limited, transportation to and from the activities. In exchange for the valuable consideration participating in such activity, I hereby release, absolve, and agree to hold harmless Dawson County, the Dawson County Parks and Recreation Board, sponsors, supervisors, coaches, participants, persons transporting the participant, and all other persons and legal entities acting on behalf of Dawson County and the Dawson County Parks and Recreation Board in connection with such activity from any act of negligence associated with the activity except and to the extent and the amount covered by accident or liability insurance. I hereby agree to furnish a legal birth certificate for the participants if requested.

I hereby authorize and consent to the use of the participant's visual image for appropriate purposes, including but not limited to: still photography, videotape, electronic and print publications and websites. I give this consent with no claim for payment.

I understand that payment is due at time of registration unless other arrangements have been made and approved through management.

By signing below, I understand that payment is due at time of registration unless other arrangements have been made and approved through management. I also agree that I have read and understand the Dawson County Parks & Recreation rules, Zero Tolerance Policy, Refund Policy, Georgia Return to Play Act of 2013: "Heads Up - Concussions in Youth Sports", and all policies associated with this activity.

Customer Authorization

Date