

# Women's Dance Class with *LYDIA!*

Name \_\_\_\_\_

Phone(s) \_\_\_\_\_

Email Address \_\_\_\_\_

## **MEDICAL HISTORY:**

What is the present state of your general health?

\_\_\_\_\_

Physician's Name \_\_\_\_\_

Physician's Phone \_\_\_\_\_

Does your physician know you are participating in a dance-exercise program?

\_\_\_\_\_

Please inform instructor if you are pregnant, have recently been pregnant, history of heart problems, high blood pressure, have difficulty w/ physical exercise, advice from a physician not to exercise, a chronic illness, if muscle/joint/back pain aggravated by physical activity, recent surgery, history of lung problems, diabetes, you smoke cigarettes, or anything else that would affect you exercising.

## **WAIVER AND RELEASE:**

I have volunteered to participate in a program of progressive physical exercise. I waive any possibility of personal damage which may be blamed upon such a program in the future and accept the responsibility for requesting such exercise and assistance. The possibility of certain unusual changes during exercise does exist. They include: abnormal blood pressure, fainting, disorders of heartbeat, and very rare instances of heart attack. I hereby acknowledge and accept these risks. To my knowledge, I do not have any limiting physical condition or disability, which would preclude any exercise program.

Participant's Signature

Date