

Zion Lutheran Church Exercise Waiver

PARTICIPANT NAME _____ Phone Number _____

I would like to participate in an exercise program at Zion Lutheran Church, Shawano. Prior to being able to participate, a physician's consent is required. These are the following categories that may be available.

Physician/health care provider: Please check all categories that the participant may engage in.

1. Restorative modalities: such as sitting in chair while doing range of motion, balance, injury prevention, and education. Up to number of hours/wk: _____
2. Gentle Yoga: balance, range of motion, body awareness through guided meditation and biofeedback, stretching and strengthening. Up to number of hours/wk: _____
3. Low Impact: low impact dance, range of motion, weights – 5-8#, aerobics, balance, injury prevention, cardiovascular exercise, stretching. Up to number of hours/wk: _____
4. Moderate Impact: faster pace dance, aerobics, weight lifting – 8-16#, range of motion, balance, stretching, injury prevention, cardiovascular exercise. Up to number of hours/wk: _____

Name of health care provider (Please print) _____

Signature of health care provider _____ Date _____

This document will be valid until December 31, 2013 unless another date is specified by healthcare provider: Date recommended _____

I have discussed the above information with my physician/healthcare provider.

Participant Signature _____ Date _____

In case of emergency contact: Name _____

Phone Number _____

Name _____

Phone Number _____

The following are medications used on a routine basis:

