

Boxer Name: _____



FIGHTING BACK AGAINST PARKINSON'S

Member Information

Welcome to Rock Steady Boxing! We are pleased to welcome you into our program. To begin, please complete the following documents:

1. Member Information Form
████████████████████
2. [Redacted]
3. Personal Waiver and Release of Liability

Date ____/____/____

Name _____ DOB ____/____/____

Address _____

City _____ Zip Code _____

Home phone _____ Cell phone _____

Business Phone _____ Email _____

How did you hear about Rock Steady (circle)? Referral / Media /Website / Other _____

Education Level: _____

Occupation: _____

Emergency Contact Information

Name _____ Email: _____

Relationship to applicant _____

Address _____

City _____ Zip Code _____

Parkinson's Information:

Estimated date of diagnosis ____/____/____

Which symptoms are you experiencing in your daily life? (Check all that apply)

- Tremors - if yes, which side is most affected? RIGHT LEFT BOTH
- Difficulty with balance in the last year
- Feel dizzy or unsteady with sudden movements
- Difficulty with swallowing or choking
- Difficulty being heard or understood when speaking
- Vision impairment
- Difficulty concentrating or staying focused
- Slowness of thought processing information
- Difficulty with memory
- Fatigue
- Difficulty sleeping
- Depression
- Do you take medicine for Parkinson's? If yes, please list:

Exercise History:

1. Do you **currently** participate in "regular physical activity"? Yes/No

(Per ACSM Guidelines, defined as participating with planned, structured physical activity at least 30 minutes at moderate intensity on at least 3 days/week for the last 3 months).

2. If No, have you **previously** participated in regular physical activity? Yes/No

3. Describe what physical exercise you are currently doing OR have done:

(Frequency, Intensity, Type, Time) _____

AHA/ACSM Health/Fitness Facility

Pre-Participation Screening Questionnaire

History: (check all that apply)



- A heart attack
- Heart surgery
- Cardiac catheterization coronary
- Angioplasty (PTCA)
- Pacemaker/implantable cardiac defibrillator
- Heart rhythm disturbance (such as atrial fibrillation)
- Heart valve disease (or surgery)
- Congestive heart failure
- Heart transplantation
- Congenital heart condition
- Other heart condition (specify) _____

Symptoms:

- You experience chest, neck, jaw or arm pain at rest or with exertion
- You experience shortness of breath at rest or with mild exertion
- You experience dizziness or syncope (fainting)
- You have trouble breathing when lying flat (orthopnea)
- You take heart medications

Other health issues:

- You have deep brain stimulator
- You have diabetes
- You have asthma or other lung disease
- You have burning or cramping sensation in your lower legs when walking short distances
- You have musculoskeletal problems that limit your physical activity: (list)

- You have concerns about the safety of exercise
- You take prescription medication(s)
- You are pregnant

RSB Coach Initials:

Boxer Name: _____

(FOR OFFICE USE ONLY)

Notes and questions for test administrator

Have you been diagnosed with any other medical problems we should be aware of?

Have you had any falls in the past year? (Defined as any unintentional event in which any part of the body comes in contact with the ground or lower surface). Describe.

What do you wish to gain from joining Rock Steady Boxing?

Do you have questions or concerns about the program before we get started

This boxer may benefit from a referral or screening from the following healthcare provider: Movement Disorder Specialist PT OT SLP Counselor.

Information provided to boxer/Caregiver Yes No

Boxer Name: _____

(Administrator to explain Media Release)

Media Release

I _____ (member name) allow Rock Steady Boxing to publish or broadcast my image/likeness and/or name for promotional purposes associated with Rock Steady Boxing.

Signature _____ Date _____



WAIVER & RELEASE OF LIABILITY

Rock Steady Boxing, Inc. (hereinafter, "RSB"):

The individual named below (referred to as "I" or "me") desires to participate in the Rock Steady Boxing program (the "Activity"). As lawful consideration for the intangible value that I will gain by participating in the Activity, I agree to all the terms and conditions set forth in this Waiver and Release of Liability (this "Release").

I am aware and understand the nature of the Activity, and my physical condition and capabilities, and I believe that I am physically capable of participating in such activity. I further acknowledge that I am aware that the activity may be conducted in facilities open to the public or members of the public and/or employees of another corporate entity or entities, during the activity. I further agree and warrant that any time, if I believe any condition to be unsafe, I reserve the right, without penalty, financial or otherwise, to immediately discontinue further participation in the activity and bring such condition to the attention of the management of RSB.

I AM AWARE AND FULLY UNDERSTAND that (a) the Activity involve risks and dangers of **SERIOUS BODILY INJURY**, including permanent disability, paralysis and death ("Risks"); (b) these Risks and dangers may be caused by me or by the actions or inactions of others participating in the Activity, the conditions under which the Activity takes place, or **THE NEGLIGENCE OF THE "RELEASEES" NAMES BELOW**; (c) there may be other risks and social and economic losses either known to me or not readily foreseeable at this time, and **I FULLY ACCEPT AND ASSUME ALL SUCH RISKS AND ALL RESPONSIBILITY FOR LOSSES, COSTS, AND DAMAGES** incurred as a result of my participation in these activities.

I ACKNOWLEDGE THAT I AM VOLUNTARILY PARTICIPATING IN THE ACTIVITY WITH KNOWLEDGE OF THE DANGER INVOLVED AND HEREBY AGREE TO ACCEPT AND ASSUME ANY AND ALL RISKS OF INJURY, DEATH, OR PROPERTY DAMAGE, WHETHER CAUSED BY THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE.

I HEREBY RELEASE, DISCHARGE, COVENANT NOT TO SUE, AND AGREE TO INDEMNIFY AND SAVE AND HOLD HARMLESS RSB, its clubs and their respective administrators, directors, agents, officers, volunteers, and employees, other participants, any sponsors, advertisers, and if applicable, owners and lessors of premises on which the activities take place (each considered one of the "Releasees" herein) from all liability, claims, demands, losses, or damages on my account caused or alleged to be caused in whole or in part by the negligence of the "Releasees" or otherwise, including negligent rescue operations and further agree that if, despite this release, I or anyone on my behalf makes a claim against any of the Releasees, I will be responsible for the payment to any or all of the Releasees harmed by such assertion of a waived claim, or any expenses arising from my assertion of waived claims or causes of action, including but not limited to reasonable attorney fees and court costs.

I hereby further agree that this agreement may not be modified orally, and a waiver of any provision shall not be construed as a modification of any other provision herein or as consent to any subsequent waiver or modification. Every term and provision of this agreement is intended to be severable -- if any one or more provision is found to be unenforceable or invalid, said provision shall not affect the other terms and provision, which shall remain binding and enforceable. All matters arising out of or relating to this Release shall be governed by and construed in accordance with the internal laws of the State of Indiana without giving effect to any choice or conflict of law provision or rule (whether of the State of Indiana or any other jurisdiction). Any claim or cause of action arising under this Release may be brought only in the federal and state courts located in Marion County, Indiana and I hereby consent to the exclusive jurisdiction of such courts.

BY SIGNING, I ACKNOWLEDGE THAT I HAVE READ AND UNDERSTOOD ALL OF THE TERMS OF THIS AGREEMENT AND THAT I AM VOLUNTARILY GIVING UP SUBSTANTIAL LEGAL RIGHTS, INCLUDING THE RIGHT TO SUE THE RELEASEES.

Printed Name of Applicant

Date ____/____/____

Signature of Applicant