



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 & Media Release
2. Physician's Medical Release
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 one)? Referral / Media / Website / Other: _____

Emergency Contact Information

Name: _____ Relationship to applicant: _____

Address: _____ City: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____

Business Phone: _____ Email: _____

Parkinson's Information

Date of diagnosis: ____ / ____ / ____

Symptoms (brief description):

Tremors _____

Postural Instability _____

Vision Impairment _____

Shortness of breath _____

Fatigue _____

Have you lost your balance or fallen in the past year (circle one)? Yes No

Do you take medicine for Parkinson's? If yes, please list:

_____	_____	_____
_____	_____	_____
_____	_____	_____

Health Information

Do you have a heart condition or have you experienced any chest pain in the **last six months** (circle one)? Yes No If yes, please explain.

Do you take medicine for depression (circle one)? Yes No

Have you been diagnosed with diabetes (circle one)? Yes No If yes, what type? _____

Do you feel dizzy or unsteady when making sudden changes in movement, such as bending down or turning quickly (circle one)? Yes No

Do you use a walker or wheelchair, or do you need assistance walking (circle one)? Yes No

Are you currently active with any physical activities (circle one)? Yes No

If yes, what type? _____

Do you feel unsteady when you are walking or climbing stairs (circle one)? Yes No

Do you have difficulty sitting down or rising from a seated or lying position (circle one)? Yes No

Do you have arthritis or problems with your bones and/or joints (circle one)? Yes No

If yes, please explain.

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

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

Media Release

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

Signature: _____



New Member Waiver Form

Name: _____
First, Middle, and Last Name

Address: _____
Number, Street, City, Zip Code

Phone #: _____ Email: _____

List any medications, important medical information, or special instructions:

List any restrictions you have:

Physician Name: _____ Phone #: _____

Insurance Provider: _____ ID: _____

Insurance Phone #: _____

Emergency Contact Person: _____ **Phone #:** _____

RELEASE OF LIABILITY

In consideration of the acceptance of my application as a participant of Tazmanian Boxing Club I hereby agree to assume all risks attendant upon myself while participating at this club. I hereby waive, release, and discharge any and all claims for injury, death, or property damage which I may have, or which may hereafter accrue to me, as a result of my participation at Tazmanian Boxing Club. I agree to indemnify and hold harmless from liability Tazmanian Boxing Club and its members, chapters, and/or any of its agents, servants, volunteers, or employees by reason of any accident, death, injury, or damages to persons or property which I may suffer, while participating at Tazmanian Boxing Club. This release is intended to discharge in advance Tazmanian Boxing Club, its members, chapters, and/or any of its agents, servants, volunteers, or employees by any reason of any accident, death, injury, or damages to persons or property which I may suffer from and against any and all liability arising out of or connected in any way with my participation organized by Tazmanian Boxing Club even though that liability may arise out of negligence or carelessness on the part of the persons or entities named above.

It is further understood and agreed that this waiver, release and assumption of risk to be binding on my heirs and assigns of me. I agree to assume all responsibilities for any property damage caused by me while participating in activities at Tazmanian Boxing Club. I have read and understood the release of liability form.

Member Signature: _____ Parent Signature: _____

If under 18, parent signature is required

***I agree to pay all of my class dues each month.**



Waiver and Release of Liability

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

1. I understand the nature of Rock Steady Boxing, Inc.'s activities and my physical condition and capabilities, and I believe that I can participate in such activities. 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 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 management of RSB.
2. **I FULLY UNDERSTAND** that (a) the activities of RSB 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.
3. **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 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 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.
4. I certify that I have had no injuries to my hands, whether fractures, broken bones, or otherwise, within the three months preceding the dates of completion of this entry form and have no injuries to the head, concussion, headaches, or fainting spells, and should I experience any of these injuries and/or conditions in the future, I will immediately notify the officials of these events and/or conditions, and immediately cease my participation in said events and activities.
5. 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 provisions, which shall remain binding and enforceable.

Printed Name of Applicant

Signature of Applicant

Date: ____ / ____ / ____

Physician Medical Release Form

TO BE COMPLETED BY YOUR PRIMARY CARE PROVIDER



Date: ____/____/____

Doctor's Name: _____

Your patient, _____, DOB ____/____/____ wishes to participate in the Rock Steady Boxing (NON-CONTACT) exercise program. The activity will involve cardiovascular training (jumping rope, running, punching, heavy bags), flexibility instruction (stretching, getting up and down on the floor), resistance training, and core strengthening techniques. Participants can attend up to five sessions per week that are ninety minutes long. Participants can reach up to 90 percent of their maximum heart rate.

PHYSICIAN'S RECOMMENDATION

I am not aware of any restrictions to participate in this exercise program.

I believe the patient can participate but would urge caution (*please explain*):

Patient should not engage in the following activities:

If your patient is taking medications that will affect their heart rate response to exercise, please indicate the manner of the effect (raises, lowers or has no effect on heart rate response during exercise):

Type of medication _____ Effect _____

Type of medication _____ Effect _____

Type of medication _____ Effect _____

PHYSICIAN'S COMPLETES

(patient's name) has my approval to begin the Rock Steady Boxing exercise program with the recommendations or restrictions stated above.

Printed Name: _____ Phone: _____

Signature: _____

RETURN TO
Your Address
Phone
Fax