

# Milken Institute School of Public Health

THE GEORGE WASHINGTON UNIVERSITY

Department of Exercise and Nutrition Sciences  
Lifestyle, Sport, and Physical Activity Program

## WAIVER AND ASSUMPTION OF RISK

**Course Name:** \_\_\_\_\_

**Course Number and Section:** \_\_\_\_\_

**Course Instructor:** \_\_\_\_\_

**WARNING:** Since participation in this activity at The George Washington University is voluntary, The George Washington University does not accept responsibility for injuries incurred. Participants should be aware that participation in this activity involves the risk of serious injury. The University strongly recommends that individuals not currently covered by a health insurance policy obtain coverage prior to participating in any event. It is also recommended that you obtain a medical release from your family physician if your present health is questionable. All participants are responsible for their own medical expenses.

**RELEASE:** In consideration of my acceptance into this activity of The George Washington University, I, the undersigned, hereby for myself, my heirs, executors and administrators waive, release and forever discharge any and all rights and claims for damages which I may have or may hereafter accrue to me against The George Washington University, its trustees, officers, employees, faculty, students and its agents for any and all injuries suffered by me through my participation in said program. Further, I hereby indemnify, defend and save harmless The George Washington University, its trustees, officers, employees, faculty, students and its agents from any liability, damage, expense, causes of action, suits, claims or judgements arising from injury to person, including death, personal property including but not limited to theft, or otherwise which arises out of the act, failure to act, or negligence in connection with the participation in the activities which are the subject of this release.

I have read the above **Warning** and **Release** and understand the contents. I understand that there are risks of injury involved in participating in this activity and I voluntarily assume such risk.

**Please sign your name on the line and return the form to your instructor by email or hard copy.**

\_\_\_\_\_  
Please type or print your name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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## *Participant Health and Exercise Profile*

### Personal Information

Name: \_\_\_\_\_ Year: Fr So Jr Sr Grad Alum Other

Cell Phone #: \_\_\_\_\_

Email Address: \_\_\_\_\_ Age: \_\_\_\_\_ Birthday: \_\_\_\_\_

### Emergency Contact Information

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone #: \_\_\_\_\_ City/State: \_\_\_\_\_

### Health History

\_\_\_\_\_ Excellent \_\_\_\_\_ Good \_\_\_\_\_ Fair \_\_\_\_\_ Poor

Do you have any medical problems or physical conditions (illnesses or injuries) that would affect your participation in the class? If so, please describe and consider discussing with your instructor further:

### Exercise History

Do you regularly perform sports or recreational physical activities? Yes/No, if Yes:

Activity/Activities: \_\_\_\_\_

Frequency per week: \_\_\_\_\_

### Goals

What are your reasons for participating in this class?

### Specific Requests/ General Comments & Concerns:

### Circle if you'd like more information on:

Preventing Injury  
Stretching & Flexibility  
Measuring Body Fat

Preventing Low Back Pain  
Cardiovascular Fitness  
Shin Splints/Muscle Pulls

Posture  
Muscular Strength/Endurance  
Importance of Warm-Up/Cool Down