



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. PDQ-39 Questionnaire
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 _____

Emergency Contact Information

Name _____

Relationship to applicant _____

Address _____

City _____ Zip Code _____

Home phone _____ Cell phone _____

Email _____

*This proprietary information has been prepared by RSB Headquarters for use by RSB Affiliates and boxers.
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Parkinson's Information:

Estimated date of diagnosis ____/____/____

Which symptoms are you experiencing? (check all that apply)

- Tremors - if yes, which side is most affected? RIGHT LEFT BOTH
- Postural changes
- Loss of balance in the last year
- Slowness of movement
- Vision impairment
- Difficulty concentrating or staying focused
- Fatigue
- Depression
- Do you take medicine for Parkinson's? If yes, please list:

_____	_____	_____
_____	_____	_____

Other Health Questions

Do you: (check all that apply)

- Use a walker, wheelchair or other assistive device
- Have Deep Brain Stimulation (DBS)
- Feel dizzy or unsteady with sudden movements
- Have difficulty getting down or rising from a seated or lying position

AHA/ACSM Health/Fitness Facility Pre-Participation Screening Questionnaire



History: (check all that apply)

You have had:

- A heart attack**
- Heart surgery**
- Cardiac catheterization coronary**
- Angioplasty (PTCA)**
- Pacemaker/implantable cardiac defibrillator**
- Rhythm disturbance**
- Heart valve disease**
- Heart failure**
- Heart transplantation**
- Congenital heart disease**
- Other heart condition (specify) _____**

Symptoms:

- You experience chest discomfort with exertion**
- You experience unreasonable breathlessness**
- You experience dizziness, fainting or blackouts**
- You take heart medications**

Other health issues:

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

(FOR OFFICE USE ONLY)

Notes and questions for test administrator

What symptoms of Parkinson's are you experiencing in your daily life?

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?

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

Additional administrator notes: _____

(Administrator to explain Media Release)

Media Release

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

Signature _____ 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 classes per week that are ninety minutes in duration. 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 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
 Air Park Recreation Center
 3720 NW 46th St.
 Lincoln, NE 68524
 PH: 402-441-7876
 Fax: 402-441-8473



Waiver and Release of Liability

City of Lincoln & 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 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.
2. **I FULLY UNDERSTAND** that (a) the activities of RSB with the City of Lincoln 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 the City of Lincoln - 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.
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 provision, which shall remain binding and enforceable.

Date ____/____/____

Printed Name of Applicant

Signature of Applicant

**CITY OF LINCOLN
PARKS AND RECREATION DEPARTMENT
2740 "A" Street, Lincoln, NE 68502**

**Recreation Programs
WAIVER and RELEASE of ALL CLAIMS
Please complete one form for each person.**

Your registration is not complete until waiver is signed and received.

Name: _____

Location & Program Attending ____Air Park Rec. Center – Rock Steady Boxing__

Waiver and Release of All Claims: For and in consideration, the undersigned parent(s) or guardian(s) of the participant in the Recreation Program, I/we recognize and acknowledge that there are certain risks of physical injury and I/we agree to assume the full risk of any injuries, including death, or loss which the undersigned or my minor child/ward may sustain as a result of participating in any and all activities connected with or associated with such program. I/we do hereby declare that I/we waive all claims of whatsoever kind or nature against the City of Lincoln and the Parks and Recreation Department, its official, officers, agents, employees and volunteers from any and all claims arising from injuries, including death, damage or loss which I/we or my minor child/ward may incur or may accrue to me or my minor child/ward on account of participation in the activities of this program. I/we further agree to indemnify and hold harmless and defend the City of Lincoln and the Parks and Recreation Department, its officials, officers, agents, employees and volunteers from any and all claims resulting from injuries including death, damages and losses sustained by the undersigned or my minor child/ward or arising out of this program. I/we have read and understand the above Waiver and Release of All claims and understand the effect of the relinquishment.

Signature _____

Relationship to above named person, if minor: _____

Date _____

