

Work Out with Hadassah at Stonebridge



Please join us on April 8th at 12 noon

For 2 hours of exercise classes

At Princeton Fitness and Wellness Center

Partnering with University Medical

Center of Princeton at Plainsboro



Everyone will have the opportunity to try

four classes: Mind and body (yoga), Zumba Gold, Cardio (cycling) and a Surprise Class

Upon arrival at 12 noon each participant will have a “mini” health assessment before signing up for classes. Tours of the facility will be available for those who are interested. You will not be solicited to join at any time.



The cost of this event is \$18. Your registration includes the classes, a healthy snack bag, and a chance to win one of five prizes donated by the Fitness Center – three, one month memberships and two, one week memberships. We have a no refund policy. Money will go to Gender Equity in Medical Research.

To register for our April 8th program, please complete the sign-up tear-off below and leave it with your check made payable to “Hadassah” for \$18, and the completed Princeton Waiver Form in the lower mailbox of Karen Sulzman, 204 Diamond Spring Drive by April 1, 2016.

Name: _____ Email: _____

Phone: _____



Princeton Fitness & Wellness

at Plainsboro

GUEST AGREEMENT AND WAIVER, WITH BRIEF MEDICAL HISTORY

Name _____ Date _____

Mailing Address _____ D.O.B. _____

City _____ State _____ Zip _____

Phone (H) _____ (C) _____

Guest of _____

Yes

No

Please Answer the following Questions

- | | | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | 1. Has your doctor ever said you have a heart condition? |
| <input type="checkbox"/> | <input type="checkbox"/> | 2. Have you ever had any pain, discomfort, or pounding in your chest with or without activity? |
| <input type="checkbox"/> | <input type="checkbox"/> | 3. Do you ever have occasions when you feel faint, dizzy or lose your balance? |
| <input type="checkbox"/> | <input type="checkbox"/> | 4. Have you ever been told your blood pressure was high? |
| <input type="checkbox"/> | <input type="checkbox"/> | 5. Do you have a bone or joint problem that could be aggravated or made worse by exercise? |
| <input type="checkbox"/> | <input type="checkbox"/> | 6. Are you currently taking any prescription medications for your heart, lungs, blood pressure, blood sugar, thyroid or kidneys? |
| <input type="checkbox"/> | <input type="checkbox"/> | 7. Are you over the age of 65 and not accustomed to exercising at a moderate or greater level of activity? |
| <input type="checkbox"/> | <input type="checkbox"/> | 8. Do you know of any other reason why you should not do physical activity? |

Guest Agreement/Waiver

The Undersigned guest agrees to abide by the rules of the Fitness and Wellness Center, including the completion of the above medical questionnaire.

The undersigned guest agrees that all use of the Princeton Fitness & Wellness Center facilities, services, and programs shall be undertaken at his/her sole risk and the Center for Fitness and Wellness shall not be liable for any injuries, accidents, or deaths occurring to guest, arising either directly or indirectly out of utilizing the Center for Fitness and Wellness facilities, services, and programs. The guest, for himself/herself and on behalf of his/her executors, administrators, heirs, and assigns, does hereby expressly release, discharge, waive, relinquish, and covenants not to sue the Princeton Fitness & Wellness, its officers and agents for all such claims, demands, injuries, damages or causes of action, with respect to the use of the Center for Fitness and Wellness facilities, programs, and services.

The undersigned guest declares that they have completed the enclosed medical questionnaire as required by the Center for Fitness and Wellness and that they declare they are physically able to participate in physical activities. Furthermore, guest declares that the Princeton Fitness & Wellness Center has advised guest to obtain a medical clearance in the event they answer yes to any of the medical history questions, or if they are unsure of their physical health.

Guest Signature _____ Date _____