



**Exercise Readiness and Demographics Form (This form helps us receive government funding and all questions below are optional. Please answer the questions that you feel comfortable answering).**

Name: \_\_\_\_\_ Date: \_\_\_\_\_ Gender: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

Zip: \_\_\_\_\_ County: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_ DOB: \_\_\_\_\_

Emergency Contact/Relationship: \_\_\_\_\_

Emergency Contact Phone: \_\_\_\_\_

Name of Caregiver (if applicable): \_\_\_\_\_

Caregivers phone number (if applicable): \_\_\_\_\_

**Race/Ethnicity (Please Circle):**

African African American American Indian Caucasian/White

Asian/SE Asian/Pacific Hispanic/Chicano/Latino Multi- Racial Other

**Income (Please Check One)**

**SINGLE** Household Annual Income (Please check one):

\_\_\_ \$0-12,880     \_\_\_ \$12,880 -16,100     \_\_\_ \$16100-19,320  
\_\_\_ \$19,320-25,760     \_\_\_ \$25,760-51,520     \_\_\_ \$51,520 and over

**TWO** person Household Annual Income (Please check one):

\_\_\_ \$0-17,420     \_\_\_ \$17,420-21,775     \_\_\_ \$21,775-26,130  
\_\_\_ \$26,130-34,840     \_\_\_ \$34,840-69,680     \_\_\_ \$69,680 and over

How did you hear about this program? \_\_\_\_\_

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**Do you have any of the following conditions?**

- YES NO heart problem or pacemaker  
YES NO frequent pain in heart or chest  
YES NO severe dizziness, blackouts or often feel faint  
YES NO high blood pressure  
YES NO severe arthritis that might be made worse by exercise  
YES NO heaviness, weakness or numbness in limbs

Is there any reason not mentioned here why you may need to modify your exercise program? (For example: lung disease, diabetes) If so, please state why:

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**Waiver and Release**

I hereby agree to participate in the Como Park Falcon Heights Living at Home Block Nurse Exercise Program with the understanding that: I acknowledge upon starting the Como Park Falcon Heights Living at Home Block Nurse Exercise Program that I am capable of participating in such a program or that as required, I have consulted with my physician concerning my level of activity during exercise routines. I recognize the risks of illness or injury inherent in such a program, and am participating in this program with the understanding that I hereby release and waive any and all claims against Como Park Falcon Heights Living at Home Block Nurse Exercise Program from any injuries, claims, costs, damages, liabilities, or judgments arising out of my participation in Como Park Falcon Heights Living at Home Block Nurse Exercise Program. This waiver shall remain in effect until withdrawn or revoked. I agree that if any of the information I listed above changes, I will inform program of the changes.

SIGNED \_\_\_\_\_ Date: \_\_\_\_\_