

CORNELL COOPERATIVE EXTENSION OF CHEMUNG COUNTY

BONE BUILDER ENROLLMENT FORM

NAME: \_\_\_\_\_ TODAY'S DATE: \_\_\_\_\_

Address: \_\_\_\_\_  
(Street, Box#) (City) (State) (Zip code)

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Gender: \_\_\_ F \_\_\_ M

Emergency contact:

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

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

Phone: \_\_\_\_\_ Relationship to you: \_\_\_\_\_

Informed Consent & Waiver

It is your responsibility to contact your medical provider to determine if it is appropriate for you to be participating in this or any other exercise program. Part of the enrollment process for this program is completion of the attached Acknowledgement of Risk Waiver and Release form.

By signing these enrollment forms I apply to be accepted in and participate in the Bone Builder osteoporosis exercise program.

Applicant Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

**ACKNOWLEDGMENT OF RISK, WAIVER & RELEASE – EXERCISE**

**(THIS FORM MUST BE COMPLETED BY ALL PARTICIPANTS WHO MUST ALSO BE 18 YEARS & OLDER)**

I, \_\_\_\_\_ the undersigned hereby apply to participate in the BONE BUILDER EXERCISE program to be conducted in cooperation with Cornell Cooperative Extension Association of CHEMUNG County and I acknowledge as follows:

I fully understand and acknowledge that there are inherent risks and dangers in my participation in the above activities and my participation in said activities and use of any equipment or other materials related to such activities may result in my injury, illness or death and damage to or loss of my personal property. I acknowledge that I have been provided with the materials further explaining the risk and dangers of weight bearing exercise. I understand other participants, accidents, forces of nature or other causes may cause these risk and dangers and I hereby fully acknowledge and accept these risk and dangers.

I am in good health and **I am at or above the minimum age of 18** required to participate in this activity and I am able to participate in any strenuous physical activity associated with this activity and understand **it is my sole responsibility to consult with my medical provider about my participation.** I agree to and accept full responsibility for wearing appropriate clothing and footwear.

I herewith release, forever discharge and waive any right of recovery or subrogation against Cornell Cooperative Extension of CHEMUNG County, Cornell University and their respective officers, directors, trustees, employees, members and volunteers from any and all liability whatsoever for any illness or injury, including death or damage to or loss of my personal property that I may sustain while I am participating in this program. This shall be binding on my heirs, successors, assigns, administrators and executors. Any claims or disputes arising out of my participation in the activity shall first be submitted to arbitration and/or be venued in the Supreme Court of the State of New York of the CHEMUNG County, the choice of which shall be at the sole discretion of CCE.

**I HAVE READ THE ABOVE AND RELATED DOCUMENTS OR I ACKNOWLEDGE, IF VERIFIED BELOW BY THE INSTRUCTOR, THAT I HAVE HAD THIS DOCUMENT READ TO ME AT MY REQUEST AND BY SIGNING IT I AGREE IT IS MY INTENTION TO PARTICIPATE IN THE INDICATED ACTIVITY AND I UNDERSTAND AND ACCEPT ALL THE RISKS INVOLVED.**

DATE OF ENROLLMENT: \_\_\_\_\_

DESCRIPTION OF PROGRAM: BONE BUILDER EXERCISE PROGRAM

PARTICIPANT'S FULL NAME (print) \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

CCE EMPLOYEE: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_

**This form must be kept in CCE Association files for seven (7) years from date of program.**

**Preferred Exercise Location** - Please indicate your top **3** class preferences below by numbering them 1 - 2 - 3.

Appleridge	Monday, Wednesday & Friday - 9:30 am
Big Flats Community Center	Tuesday & Thursday - 10:00 am
Chapel Park, Pine City	Tuesday - 4:30 pm & Thursday - 1:00 pm
Erin Town Hall - AM	Thursday - 9:00 am
Erin Town Hall - PM	Monday & Thursday - 4:30 pm
First Presbyterian Church, Clinton Street	Tuesday & Thursday - 9:30 am
First United Methodist Church, Broad St, Hhds.	Tuesday & Thursday - 9:30 am
Grace Episcopal Church, Church Street	Monday & Wed. - 10:00 am
New Beginnings UMC, Miller Street, Southside	Thursday - 10:00 am
North County Senior Center, Broad Street School	Mon., Wed, Friday - 10:15 am
Our Saviour's Lutheran Church, Westinghouse	Monday & Wed. - 10:00 am
Pennsylvania Avenue UMC, Pine City	Monday & Wed. - 9:30 am
Spencer-Van Etten - Van Etten Village Hall, 3 Gee St.	Mon. & Wed. - 10:00 am
<b>NEW</b> Town Community Center, West Elmira	Monday & Wed. - 9:00 am

*While preference is taken into consideration, placement is contingent on available space at the preferred site.*