RSVP of Hampshire and Franklin Counties
Osteoporosis Exercise Program

Informed Consent/Release of Liability

HAMPSHIRE COUNCIL
OF GOVERNMENTS
RSVP OF HAMPSHIRE
& FRANKLIN COUNTIES

I, _____, understand and confirm that I will choose the level
(please print your name)
of activity that will not harm me. I hereby release RSVP, its officers, employees or agents from any liability for any personal injury or otherwise, arising out of or in any way connected to my participation in the RSVP Exercise Program. I further release from any liability the officers, employees, or agents for the site _____ where the exercise class is conducted.

Check one of the following:

____I verify that I have received clearance from my personal physician to participate in the Osteoporosis Exercise Program. After beginning the program, if I experience a medical situation which requires me to leave the class for a period of time, I will secure another written clearance from my personal physician. I have read and signed the R.O.L. above.

____I decline to seek medical clearance from my physician. I have declared all medical conditions to the class leader and will keep the leader informed of any medical situation which requires me to leave the class or limit/change my ability to participate. I have read and signed the R.O.L. above.

____I do not have a personal physician at this time and cannot seek clearance. I have declared all medical conditions to the class leader and will keep the leader informed of any medical situation which requires me to leave the class or limit/change my ability to participate. I have read and signed the R.O.L. statement above.

Signed:_____Date_____
Participant Signature

Emergency Contact

In the event of a medical or other emergency while I am participating in the RSVP Osteoporosis Exercise Program at the site _____, please contact:

Name:_____Relationship:_____

Address:_____

Phone:_____ Cell Phone: _____

Email:_____Comment :_____

RSVP of Hampshire and Franklin Counties
Osteoporosis Exercise Program

MEDICAL CLEARANCE FOR EXERCISE

Required for ALL participants in the
RSVP Osteoporosis Exercise Program

HAMPSHIRE COUNCIL OF GOVERNMENTS
RSVP OF HAMPSHIRE & FRANKLIN COUNTIES

Dear Physician,

Your patient would like to participate in our ongoing fall prevention exercise program designed to prevent and slow the development of osteoporosis. The program will consist of upper and lower body exercise training with free weight equipment, specific exercises designed to improve balance, and will include education and group support. The program is conducted by trained volunteers, and is based upon the results of strength training studies in the elderly conducted by Miriam Nelson, PhD and other scientists at the Jean Mayer USDA Human Nutrition Research Center at Tufts University, Boston, Massachusetts.

Your patient is required to complete a **Medical History/Current Health Survey** and provide their **Informed Consent** prior to participation in this exercise program. It is understood by both RSVP and your patient that your consent is strictly reflective of your patient's most current state of health. Examples of typical program exercises may be found on the back of this form. *We thank you for your assistance.*

Date:_____ Patient Name:_____

DOB _____Phone:_____ Email: _____

Address _____

Osteoporosis Exercise Program Location: ***(GROUP LEADERS: Please list name of YOUR site)***

_____

****ATTENTION Physician's Office: *Please complete and return TO YOUR PATIENT only.***

____**YES** my patient has no current unstable medical problems that are a contraindication to participating in this exercise program. I approve & support her/his participation in the program. *My patient is approved to wear light Velcro leg weights (starting at 1 lb.) wrapped around their ankles, unless otherwise indicated here.*

Comments/Special considerations:

_____

____**NO** my patient is NOT eligible to participate in this exercise program due to his/her current medical status. Please briefly explain considerations:

_____

Physician signature _____ Date _____

Print name _____ Phone _____

Address _____ Email _____

99 Main Street, Northampton, MA 01060
(413) 584-1300 x 8