

## Member Information

Welcome to Rock Steady Boxing! We are pleased to welcome you into our program.



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 \_\_\_\_\_

## Parkinson's Information:

Estimated date of diagnosis \_\_\_\_/\_\_\_\_/\_\_\_\_ Neurologist \_\_\_\_\_

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

- Tremors - if yes, which side is most affected? (circle) RIGHT LEFT
- Postural changes
- Loss of balance in the last year
- Slowness of movement
- Vision impairment
- Difficulty concentrating or staying focused
- Fatigue
- Depression

Do you take medication for Parkinson's? Please list type and frequency:

## **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 up from a seated or lying position**

## **Medical History**

You have had: (check all that apply)

- A heart attack**
- Heart surgery**
- Cardiac catheterization coronary**
- Pacemaker/implantable cardiac defibrillator**
- Rhythm disturbance**
- Heart valve disease**
- Heart failure**
- Heart transplantation**
- Congenital heart disease**
- Take heart medications**
- Other heart condition (specify) \_\_\_\_\_**

## **Symptoms/Other Health Conditions:**

Do you: (check all that apply)

- Experience chest discomfort with exertion**
- Experience unreasonable breathlessness**
- Experience dizziness, fainting or blackouts**
  
- Have diabetes**
- Have asthma or other lung disease**
- Have burning or cramping sensation in your lower legs**
  
- Have musculoskeletal problems that limit your physical activity**
- Have concerns about the safety of exercise**



## Waiver and Release of Liability

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 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 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.

\_\_\_\_\_  
Printed Name of Applicant

Date \_\_\_\_\_

\_\_\_\_\_  
Signature of Applicant



## Media Release

In order to help as many people as possible with their fight against Parkinson's Disease, Rock Steady Boxing Richmond may take photos, videos, and quotes from its members to be used as advertising, news stories, motivation, web content, or other promotional purposes.

I \_\_\_\_\_ (member name) allow Rock Steady Boxing, its representatives and employees 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 OR NEUROLOGIST**



Date: \_\_\_/\_\_\_/\_\_\_

Doctor's Name: \_\_\_\_\_

Your patient, \_\_\_\_\_, DOB \_\_\_/\_\_\_/\_\_\_ wishes to participate in the Rock Steady Boxing (NON-CONTACT) exercise program designed specifically for people with Parkinson's Disease. The activity is modified in intensity based upon each participant's fitness level and response, and will involve cardiovascular training (walking/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 seventy-five minutes in duration. Participants can reach up to 80 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 \_\_\_\_\_

## 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  
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Henrico, VA 23228  
804-835-6935  
Richmond@rsbaffiliate.com