



THINK FIT

NEURO FITNESS

CLASS TIMES

Think Fit meets on Tuesdays and Thursdays from 3:30-4:30 pm at Functional Fitness RVA (8191 Staples Mill Road). Caregiver support resource sessions with Missy Harden, MS OTR/L, CDP will be held on the first Tuesday of every month from 3:30-4:30 pm at the same location.

PRICING INFORMATION

Come try us out – your first class is free!

We offer several different pricing options: \$100 for a 5-class pass (6-week expiration date), \$180 for a 10-class pass (9-week expiration) and \$25 for a single class. We do offer financial assistance if needed – please reach out about these options. You can pay online through MindBody or in person prior to the start of class with cash, check, or credit card.

GETTING STARTED

We require that a phone screening be set up prior to attending your first class. This typically takes about 20-25 minutes and can be completed by the participant or a caregiver. Caregivers are always welcome to participate in our exercise classes (for no additional charge). They may be required to attend to provide assistance and this will be discussed during this screening.

WHAT TO WEAR/BRING

- Comfortable clothes and tennis/gym shoes
- a water bottle

SIGNING UP FOR CLASSES

It is required that you sign up for EACH class prior to attending using MindBody. You can download the FREE MindBody Fitness App or go to www.mindbodyonline.com and click on “Explore Businesses.” Search for “Functional Fitness RVA” (zip code is 23228 – this sometimes helps!). In the app, make sure that the “Businesses” box is orange. You can then find the days and times that Think Fit is offered and sign up for class each day by clicking “Book.” You can also cancel your booking through this interface (no fees!) if you are unable to attend class.

Functional Fitness RVA, 8191 Staples Mill Road, Richmond VA 23228
804-835-6935, FunctionalFitnessRVA@gmail.com
THINK FIT Member Information

Name _____ DOB _____
Address _____
City _____ State _____ Zip Code _____
Home Phone _____ Cell Phone _____
Email _____

Emergency Contact Information

Name _____
Relationship to Applicant _____
Home Phone _____ Cell Phone _____
Email _____

Medical History

You have had: (check any that apply)

- A heart attack
- Heart surgery
- Cardiac catheterization/coronary angiogram
- Pacemaker/Cardiac defibrillator
- Rhythmic disturbance, including Afib
- Congenital Heart Disease
- Lung disease/lung cancer
- COPD
- Asthma
- Seizures
- Stroke/Transient Ischemic Attack (TIA)
- Diabetes
- Blood clots

Please list any other health conditions in the space below:

Exercise Related Symptoms

Do you: (check any that apply)

- Use a cane, walker, wheelchair or other assistive device
- Feel dizzy or unsteady with sudden movements
- Have difficulty with getting down or up from a seated or lying position
- Experience chest discomfort with exertion
- Have a burning or cramping sensation in your lower legs
- Have musculoskeletal problems that limit your physical activity

Cognition:

Date of symptom onset of dementia or reported cognitive changes:

Official Diagnosis (if given one):

Do you experience: (check any that apply)

- Challenges with memory or increased reliance on memory aides or others
- Changes in ability to organize or complete familiar tasks at home, leisure, or work
- Difficulty with expressing yourself when speaking or writing
- Difficulty with understanding others when they are speaking
- Loss of interest or changed participation in leisure activities
- Difficulty finding items or navigating in familiar surroundings
- Challenges with driving
- Changes in mood – frustration or increased worry or anxiety
- Changes in sleep patterns

Please list any specific challenges associated with cognitive changes that may be helpful to our instructors:

Functional Fitness RVA Waiver and Release of Liability

1. I understand the nature of Functional Fitness RVA's activities, as well as 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 at Functional Fitness RVA.
2. I FULLY UNDERSTAND that (a) the activities of Functional Fitness RVA involve risks and dangers of serious bodily injury, including permanent disability, paralysis, and death ("Risks"); (b) these Risks and dangers may be caused by the actions or inactions of others participating in the activity, the conditions under which the activity takes place, or the negligence of the "releases" names below; (c) there may be no other risks and social 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 Functional Fitness RVA, 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 releases 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, 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 provisions, which shall remain binding and enforceable.

Printed Name of Applicant

Signature of Applicant

Date

Functional Fitness RVA
THINK FIT Medical Release Form

Physician's Name: _____

Physician's Office phone number: _____

Your patient, _____, DOB: _____ wishes to participate in THINK FIT group exercise classes at Functional Fitness RVA. These exercise classes are specifically designed for an aging population with dementia and/or mild cognitive decline. The activity is modified in intensity based upon each participant's fitness level and response, and will involve cardiovascular training (walking/running, agility training), flexibility instruction (stretching, getting up and down off the floor), resistance training, dual task activities, and core strengthening techniques. Participants may 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)

MEDICATION RESPONSE

Please list any medications that your patient is taking that will affect their heart rate response to exercise and please indicate the manner of the effect (raises or lowers heart rate response):

PHYSICIAN RELEASE

_____ (patient's name) has my approval to begin classes at Functional Fitness RVA with the recommendations or restrictions stated above.

Physician's printed name

Physician's Signature

Date

Please mail to: Functional Fitness RVA, 8191 Staples Mill Road, Richmond, VA 23228
Questions: 804-835-6935, functionalfitnessRVA@gmail.com

Functional Fitness RVA
Photo Release Form
(optional)

In order to reach as many people as possible living with brain change, Functional Fitness RVA may take photos, videos, and quotes from its members to use as advertising, news stories, motivation, web content, or other promotional purposes. Pictures may also be included in newsletters and updates to our current members.

I, _____ (participant name), allow Functional Fitness RVA, its representatives, and employees to publish or broadcast my image/likeness and/or name for promotional purposes associated with Think Fit.

Signature _____

Date _____