

WARM WATER EXERCISE ATTENDANCE FORM

Month/Year _____ Day: _____ Time ____:____ Location: _____

Please PRINT your name and phone number and initial the appropriate column.

Informed Consent/Disclaimer

By initialing this attendance sheet I consent to participate in Arthritis ACT’s warm water exercise sessions (‘the program’) and acknowledge unconditionally that I have given an accurate account of my health, any relevant medical conditions and my swimming ability. I acknowledge that it is solely my responsibility to advise Arthritis ACT if my medical status, health and/or swimming ability changes in a way that could reasonably be expected to affect, in any way, my safe participation in the program. If I am unsure as to whether a change in my medical status, health and/or swimming ability will affect my safe participation in the program, it is my responsibility to consult a doctor or other appropriately qualified healthcare professional.

I also accept that there are risks involved in any therapeutic water activity. I have been advised of pool rules and I am aware of factors relating to fatigue and dehydration from exercising in water. I have freely consented to participating in the program with full knowledge and appreciation of and acceptance of the risks to my own personal safety, including drowning.

| NAME | PHONE | Date | Date | Date | Date | Date |
|---------------------|-------|----------|----------|----------|----------|----------|
| | | Initials | Initials | Initials | Initials | Initials |
| 1. Supervisors Name | | | | | | |
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Data entered into ADMS by: _____ **Date:** _____