



Event Code

[Grid for Event Code]

(For Office Use Only)

Participant Release Form

Bold-faced and starred\* items must be completed. Please print one letter per box.

(Mr Mrs Ms) First Name \*

[Grid for First Name]

Last Name \*

(Jr II etc)

[Grid for Last Name]

Home Street #\*

Home Street Name \*

Apt. Number

[Grid for Home Street #, Name, and Apt. Number]

City \*

[Grid for City]

Zip Code \*

State \*

Birthdate (MM DD YYYY)

[Grid for Zip Code, State, and Birthdate]

Home Phone Number

Business Phone Number

[Grid for Home and Business Phone Numbers]

Email Address

[Grid for Email Address]

Privacy Notice: The Arthritis Foundation respects the privacy of each class participant. To indicate your preferences fill in the appropriate bubbles:

I would like more information about the Arthritis Foundation:  Yes  No

May the Arthritis Foundation share your name with other organizations/sponsors?  Yes  No

I am interested in being an Arthritis Foundation advocate (requires email address):  Yes  No

I am interested in being an Arthritis Foundation volunteer:  Yes  No

Do you have arthritis?  Yes  No

If yes, please select which type:  Osteoarthritis/degenerative (OA)  Rheumatoid Arthritis (RA)  
 Juvenile Arthritis (JA)  Other: \_\_\_\_\_

How did you find out about this program?  Flyer  Friend  Health Care Provider  
(Check all that apply)  Mailing  Newsletter  Newspaper  Radio  
 Television  Website  Other

Ethnic Background:  African American  Asian American  Caucasian  
 Hispanic/Latino  Native American  Other

My signature below indicates I have read and accept the Arthritis Foundation Release on page 2 of this form.

\_\_\_\_\_  
Signature \* (If under 18, parent or guardian must sign)

[Grid for Today's Date]  
Today's Date \* (MM DD YYYY)

## Participant Release Form

I understand and agree that there are risks, both foreseeable and unpredictable, associated with any exercise or education program. I am aware of these risks and agree that my participation is at my own risk. I hereby agree that neither the Arthritis Foundation, nor any co-sponsoring agency or facility, nor their respective chapters, officers, directors, employees, agents, members or volunteers, shall assume or have any responsibility or liability for the expenses or medical treatment or for compensation for any injury I may suffer during or resulting from my participation in the Arthritis Foundation program. I hereby discharge any and all rights and claims for damages that I may have or that may hereafter accrue to me arising out of or in any way connected with my participation in this or any future Arthritis Foundation program.

I understand that this Participant Release Form has important legal consequences and limits my ability to recover money if I am injured as a result of my participation in this program. I have been given the opportunity to discuss its terms and consequences with an attorney of my choosing if I wish to do so.

I also represent and warrant that I have been advised to seek consultation from my doctor about whether I can safely participate in this program and whether there are precautions or limitations to my participation.

I understand and agree that the goal of the Arthritis Foundation and the co-sponsoring facility is to provide a safe program environment free from disruption or harassment. To this end, the Arthritis Foundation and the co-sponsoring agency reserve the right to deny admission to those individuals whose behavior is disruptive, or who harass other program members or staff.

I understand and agree that a copy of this form will be provided to the Arthritis Foundation as well as any co-sponsoring agency or facility.