



**FOR YOUTH DEVELOPMENT  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY**

# **PARKINSON'S CYCLING**

## **Health Questionnaire**

Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

Phone Number – Home \_\_\_\_\_ Cell \_\_\_\_\_

Emergency contact – Name \_\_\_\_\_ Phone \_\_\_\_\_

Birthdate \_\_\_\_\_ Sex M F

Are you presently exercising? Yes \_\_\_ No \_\_\_ If yes, how long have you been exercising? \_\_\_\_\_

Date diagnosed with Parkinson's Disease \_\_\_\_\_

Symptoms that you have from Parkinson's Disease

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### **Medical History**

- Yes \_\_\_ No \_\_\_ Heart attack
- Yes \_\_\_ No \_\_\_ Heart surgery
- Yes \_\_\_ No \_\_\_ Cardiac catheterization
- Yes \_\_\_ No \_\_\_ Coronary angioplasty (PTCA)
- Yes \_\_\_ No \_\_\_ Pacemaker/implantable cardiac defibrillator/rhythm disturbance
- Yes \_\_\_ No \_\_\_ Heart valve disease
- Yes \_\_\_ No \_\_\_ Heart Failure
- Yes \_\_\_ No \_\_\_ Heart transplantation
- Yes \_\_\_ No \_\_\_ Congenital heart disease
- Yes \_\_\_ No \_\_\_ You experience chest discomfort with exertion
- Yes \_\_\_ No \_\_\_ You experience unreasonable breathlessness
- Yes \_\_\_ No \_\_\_ You experience dizziness, fainting, blackouts
- Yes \_\_\_ No \_\_\_ You take heart medications
- Yes \_\_\_ No \_\_\_ Diabetes
- Yes \_\_\_ No \_\_\_ Asthma or other lung disease
- Yes \_\_\_ No \_\_\_ Burning / cramping in your lower legs when walking

- Yes \_\_\_ No \_\_\_ Musculoskeletal problems that limit your physical activity  
 Yes \_\_\_ No \_\_\_ Concerns about the safety of exercise  
 Yes \_\_\_ No \_\_\_ Prescription medication(s)  
 Yes \_\_\_ No \_\_\_ You smoke or quit within the previous 6 mo.  
 Yes \_\_\_ No \_\_\_ Your blood pressure is greater than 140/90.  
 Yes \_\_\_ No \_\_\_ You don't know your blood pressure.  
 Yes \_\_\_ No \_\_\_ You take blood pressure medication.  
 Yes \_\_\_ No \_\_\_ You are physically inactive (you get < 30 min of physical activity on at least 3 days/ week)  
 Yes \_\_\_ No \_\_\_ You are more than 20 pounds overweight

## RELEASE AND WAIVER OF LEGAL LIABILITY

**THIS IS YOUR RELEASE AND WAIVER OF LIABILITY** (the "Release"). You individually and/or on behalf of any minor child, release the YMCA of Greensboro, Inc., its officers, directors, board members, employees, volunteers, agents, independent contractors, other participants and/or others acting on its behalf (collectively, "YMCA"). You agree that this Release is effective immediately.

This is important to you and/or any minor children, so do not sign until you have had your questions answered. You provide this Release freely, and without duress under the following terms:

- 1) **GENERAL RELEASE:** I hereby agree for myself and/or my child and our respective heirs, assigns and legal representatives, to indemnify, defend and hold YMCA and its officers, directors, board members, employees, volunteers, agents, independent contractors and other participants ("Releases") in the program harmless from any and all claim and causes of action of any nature for any and all personal injury or illness, including death, which may occur to me and/or my child or which may be aggravated during or by any activity during the course of the program in which I have decide to allow myself and/or my child to engage. I further waive any and all claims or causes of action, which I and/or my child may now or hereafter have against Releases which may at any time arise as a result of any act or thing occurring in or arising out of my and/or my child's participation in the program. I further expressly understand and agree the foregoing indemnity, release and waiver is intended to be as broad and inclusive as permitted by the law of the State of North Carolina and that any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full force and effect.
- 2) **ASSUMPTION OF RISK:** I, individually and/or on behalf of any minor child, expressly and specifically assume any and all risk of injury, illness, death, or property damage resulting from my YMCA activities. You assume the risks: I, individually and on behalf of my minor child, understand that YMCA activities are strenuous and dangerous and should be engaged in only by persons in good health. I understand that I should consult a physician before enrolling myself and/or my child in the YMCA program. Once you sign, you are saying that you understand the risks involved and accept all of the risks.
- 3) **MEDICAL RELEASE:** I, individually and/or on behalf of any minor child, further hereby release YMCA from any claim whatsoever which may arise as a result of any first aid, treatment, or services or assistance provided to me in connection with any injury that arises from activities at YMCA. A) I take full responsibility for my and my child(s) welfare and safety on or at YMCA activities. B) I hereby give permission for emergency medical treatment to be administered as deemed appropriate.
- 4) **INSURANCE:** YOU ARE EXPECTED TO HAVE YOUR OWN HEALTH INSURANCE. You should understand that the YMCA does not carry insurance to cover injuries and losses that may befall you.
- 5) **PHOTOGRAPHIC RELEASE:** I consent to be photographed and to allow YMCA's use of any photos of myself and/or my minor child at its sole discretion.

**HAVING READ, UNDERSTOOD, AND AGREED WITH THESE TERMS, I HAVE EXECUTED THIS RELEASE, TO BE EFFECTIVE IMMEDIATELY.**

I have read and I understand the above information and I have completed all information to the best of my knowledge.

Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Witness: \_\_\_\_\_ Date: \_\_\_\_\_