

4. Have you ever been diagnosed with or had/have the following? (circle only those that apply)

heart attack	hepatitis	heart surgery	coronary artery disease
angina	hypertension	heart murmur	asthma
bronchitis	stroke	anemia	cancer
osteoporosis	emphysema	allergies	diabetes
seizures	arthritis	eating disorders	epilepsy
blood disease	bone or joint injuries	high blood pressure	high cholesterol

Others not listed: _____

5. Have your first-degree relatives (parents, sisters, brothers, or children) developed heart disease or died at an early age (before 55 if male; before 65 if female)? ___No ___Yes
If yes, please explain.

6. Do you smoke? ___No ___Yes

7. Do you have a sedentary lifestyle? ___No ___Yes

8. Are you or "could" you be pregnant? ___No ___Yes

9. Do you take any supplements? ___No ___Yes If yes, please list here.

10. Are you currently under medical care? ___No ___Yes If yes, please explain.

11. Do you know of any other reason why you should not do physical activities? ___No ___Yes, If yes, please explain.

My Signature certifies that all of the above is true.

Participant: _____ Date _____

INFORMED CONSENT

"I, _____, hereby consent to engage voluntarily in this Swimming Program. I am being encouraged to seek medical clearance in order to perform the activities involved in swimming. I understand that during training sessions, intensity will vary greatly and symptoms such as fatigue, shortness of breath, and discomfort may appear, indicating to me that I may need to stop. I understand that I am responsible for monitoring my own condition throughout the activity and will stop the training at any time I so desire. I know there is a risk of certain abnormal physical changes occurring during or following the training which may include abnormalities of blood pressure or heart rate, ineffective function of the heart and in a rare instance, heart attack or death".

"Before I participate in this activity, I hereby affirm that I am in good physical condition and do not suffer from any disability, which would prevent or limit my participation in this training. I further represent that I have completed the Swimmer's Information & Health History form and have provided correct responses to the questions on that form. I recognize that my failure to provide accurate information could lead to possible unnecessary injury to myself."

"In consideration of my participation in this program, I agree to assume all risks. I further agree to take full responsibility for any damage caused to my personal property, however caused. I further agree, for myself, my heirs and assigns, to hold harmless and release William Sturtevant, from any claims, demands and causes of action arising from my participation. I fully understand that I may injure myself as a result of my participation and I, for myself, my heirs and assigns hereby release William Sturtevant, from any liability now or in the future including, but not limited to heart attacks, death, muscle strains, pulls or tears, broken bones, injuries to knee, lower back, foot and any other illness, soreness or injury and personal property damage, however caused, occurring prior, during, or after any participation in this activity."

"In signing this consent form, I affirm that I have read this form in its entirety and that I understand this form and the nature of this activity."

Participant signature: _____

Dated: ___/___/___