

Healthy Living Center Is Open

**Monday, Wednesday
&
Friday
8 a.m. - 4 p.m.**

**Except For Holidays
The Center Will Be Closed**

***** All Clients Must Sign In Before 2:30 p.m. To Be Able To
Be Finished Exercising by 4 p.m. *****

Note:

**On bad Weather Days Always Call Before Coming In
At The Following Numbers:**

**Healthy Living Center 918-540-2377
Alta McKee Cell Phone 918-541-0758**

**OTTAWA TRIBAL CHR
HEALTHY LIVING PROGRAM
(CLIENTS' INFORMATION SHEET)**

Date: _____

Tribal Affiliation:

(If you are the spouse of a Native American please put spouse of then the name of their tribe)

First Name: _____ Date of Birth: ___ / ___ / ___ ___ Male ___ Female

Last Name: _____ Home Phone: (____) ____ - ____ Cell Phone: (____) ____ - ____

Address: _____ City: _____ State: _____ Zip: _____

Do You Work? _____ If yes where do you work? _____ Work Phone: (____) ____ - ____

Spouses' Name: _____ Spouses' Day Phone: (____) ____ - ____

Doctors' Name: _____ Doctors' Phone: (____) ____ - ____

In case of emergency please give us a contact person that we may contact or leave a message with:

Name: _____ Relationship: _____ Phone: (____) ____ - ____

How did you learn about this program?

Please mark any of the following health conditions that you have or have had and explain below:

- | | | |
|--|---|--|
| <input type="checkbox"/> Heart Condition | <input type="checkbox"/> Arthritis | <input type="checkbox"/> Cancer |
| <input type="checkbox"/> Hypertension | <input type="checkbox"/> Lupus | <input type="checkbox"/> Stroke |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Fibromyalgia | <input type="checkbox"/> Do you ever have dizzy/faint spells |
| <input type="checkbox"/> Do you consume alcohol | <input type="checkbox"/> Back Problems | <input type="checkbox"/> High Cholesterol |
| <input type="checkbox"/> Lung Disease | <input type="checkbox"/> Muscle Disease | |
| <input type="checkbox"/> Do you smoke | <input type="checkbox"/> Do you ever feel any type of discomfort or tightness in your chest | |
| <input type="checkbox"/> Have you ever smoked? If so when did you quit? _____ | | |
| <input type="checkbox"/> Have you ever been advised by a physician to avoid exercise? | | |
| <input type="checkbox"/> Do you have any allergies to food? If so what foods? _____ | | |

Are you allergic to any medication? If so what medications? _____

Have you had any surgeries? If so what were they for and the date? _____

Are you pregnant? *** If you become pregnant please call the facility and notify the staff.***

Are you aware of any other condition you may have that could affect your ability to exercise safely?

**OTTAWA TRIBES' CHR
HEALTHY LIVING CENTER**

RELEASE OF LIABILITY

We request your understanding and cooperation in maintaining your safety and your health by reading and signing the following informed consent agreement.

- 1. I recognize and understand that my participation in any of the Healthy Living Center activities can expose me to some risk of physical injury.**
- 2. I understand and acknowledge that only a physician is qualified to advise me regarding the specific health risks to which I may be exposed as a result of participation in any of the Healthy Living Center activities. I understand that it is my choice to or not to consult with medical provider to determine that it is medically appropriate for me to participate in the Healthy Living Center activities.**
- 3. I am not relying on the comments or advice of any representative of the Ottawa Tribe in making my decision to participate in any of the Elders Special Olympics activities.**
- 4. I understand that the Ottawa Tribe is not responsible for any injury or injuries that I might obtain from participating in any of the Healthy Living Center activities.**

I therefore hereby agree to release and hold harmless Ottawa Tribe, its staff and employees from any and all liability, claims, suits or damages whatsoever, due to any injury or other damages suffered or incurred by me as a result of my participation in the Healthy Living Center activities.

Signature

Date

Witness

Date