



***Your answers are important and your confidential responses will help us plan programs for older adults.***

## **PARTICIPANT ENROLLMENT FORM**

**\*Please inform the instructor if you have any health or safety concerns that may affect your ability to participate in class.**

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

Class Location: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Instructor: \_\_\_\_\_

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender: \_\_\_\_\_ Male Female Prefer not to answer  
Month Day Year

Have you attended an OHAI program, class, or event in the past? ☐ Yes ☐ No

If yes, what was the event that you attended? \_\_\_\_\_

Race/Ethnicity:

- |   |   |
|---|---|
| <input type="checkbox"/> Caucasian/White      | <input type="checkbox"/> American Indian/Alaskan Native   |
| <input type="checkbox"/> African American     | <input type="checkbox"/> Asian                            |
| <input type="checkbox"/> Hispanic/Latino      | <input type="checkbox"/> Native Hawaiian/Pacific Islander |
| <input type="checkbox"/> Prefer not to answer |   |

What is your highest level of education?

Elementary/Secondary School

Bachelor's Degree

MD/PhD/Doctorate Degree

Prefer not to answer

Some College/Associate's Degree

Master's Degree

Other \_\_\_\_\_

Mailing address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-Mail \_\_\_\_\_

Please enter your e-mail address if you would like to be informed of upcoming OHAI events or other OHAI information via e-mail.

**Would text reminder for classes via Simple Text YES NO**

### **Emergency Contact Information**

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Zip Code \_\_\_\_\_ Phone \_\_\_\_\_

Are you currently providing care to a family member? Yes No

If yes, please complete the following questions below:

What is your relationship to the person you are caring for? \_\_\_\_\_

### **The next few questions ask about falls.**

By a fall, we mean when a person unintentionally comes to rest on the ground or another lower level.

In the past 3 months, how many times have you fallen? none \_\_\_\_ times

If you fell in the last 3 months:

- How many of these falls caused an injury? (By an injury we mean the fall caused you to limit your regular activities for at least a day or to go see a doctor.)
- Number of falls causing an injury \_\_\_\_\_

Please mark the circle that tells us how sure you are that you can do the following activities.

How sure are you that:	Very Sure	Sure	Somewhat sure	Not at all sure
a. I can find a way to get up if I fall	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. I can find a way to reduce falls	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. I can protect myself if I fall	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. I can increase my physical strength	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. I can become more steady on my feet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## RELEASE OF LIABILITY AGREEMENT

In consideration for my being allowed to participate in the training activities and/or program of the University of Oklahoma Health Sciences Center (OUHSC), I do hereby waive, release and forever discharge the Board of Regents of the University of Oklahoma (University), its officers, agents, employees, representatives, executors, and all others from any responsibility or liability for injuries or damages resulting from my participation in any activities or my use of equipment arising out of my participation in any activities of OUHSC. I do also hereby release all of those mentioned and any others acting upon their behalf from any responsibility or liability for any injury or damage to myself, including those caused by the negligent act or omission of any of those mentioned, or others acting on their behalf, or in any way arising out of or connected with my participation in any activity of OUHSC.

Further, I understand and am aware that strength, flexibility, and aerobic exercise, including the use of equipment, are potentially hazardous activities. I also understand that fitness activities involve a risk of injury and even death and that I am voluntarily participating in these activities and using equipment with knowledge of the dangers involved. I hereby agree to expressly assume and accept any risks of injury or death.

Further, I declare myself to be physically sound and suffering from no condition, impairment, disease, infirmity, or other illness that would prevent my participation in any of the activities and programs of OUHSC or use of equipment except as hereinafter stated. I acknowledge that I have either had a physical examination and have been given my physician's permission to participate, or that I have decided to participate in activity and/or use of equipment without the approval of my physician and do hereby assume all responsibility for my participation and activities and use of equipment in my activities.

I declare that I have read, understood and agree to the contents of this Release of Liability Agreement in its entirety.

I ACKNOWLEDGE THIS AGREEMENT CONTAINS THE ENTIRE AGREEMENT OF THE PARTIES AND THAT UNIVERSITY MAKES NO WARRANTIES OR REPRESENTATIONS, EXPRESS OR IMPLIED, OTHER THAN THOSE SET FORTH HEREIN.

If any portion of the Agreement is held to be invalid or unenforceable, such portion shall be disregarded and the remainder of the Agreement shall remain in full force and in effect.

I agree to the release of liability terms.

PRINT NAME \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_



*The University of Oklahoma*

### TALENT RELEASE

PERFORMER (Student's Name): \_\_\_\_\_

ADDRESS (Campus or Permanent): \_\_\_\_\_

CLIENT (Department): \_\_\_\_\_

JOB NAME: *Photography for departmental publications including but not limited to the department's Web site, promotional brochures, newsletters, postcards, etc.*

For the consideration received, including but not limited to publicity, the adequacy of which is hereby acknowledged, I hereby grant to the Board of Regents of the University of Oklahoma, their successors and assigns, and those acting under their permission, or upon their authority, or those by whom they are commissioned:

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- (2) All my right, title and interest in and to all negatives, prints, tapes, and reproductions thereof, and I so hereby release the aforesaid parties and their successors and assigns, if any, from any and all rights, claims, demands, actions or suits which I may or can have against them on account of the use of publication of said photographs and/or motion pictures or tapes. I have read and understood the release stated above and do hereby agree to its terms and conditions.

SIGNATURE: \_\_\_\_\_

STUDENT ID NO.: \_\_\_\_\_ DATE: \_\_\_\_\_