BFC (*Becoming Fit at Church*) Ministry

Trinity United Methodist Church of Tallahassee, Florida, Inc.

Participant Registration Form

Participant Name: _____ **DOB:** _____
Address: _____
Phone: _____
Email: _____

Emergency Contact Name: _____
Relationship: _____
Phone: _____

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1. Physical Activity History

What is your current activity level? ☐ Active ☐ Moderately Active ☐ Slightly Active ☐ Inactive

How long have you been exercising? _____

How intensely do you exercise: ☐ Light ☐ Moderate ☐ Hard

What type of exercise do you perform? _____

What type of equipment have you used?_____

What is your goal with BFC Exercise or BFO? _____

Are there any physical movements you would like to be able to do more easily? _____

_____

Is there anything else you would like to share about your exercise history? _____

_____

Do you not know that your body is a temple of the Holy Spirit, who is in you,
whom you have received from God. You are not your own.
You were bought at a price. Therefore, honor God with your body

1 Cor 6:19-20

2. PAR-Q+ Physical Readiness Activity Questionnaire

Please answer YES or NO:

1. □ Yes □ No Has your doctor ever said you have a heart condition OR high blood pressure?
2. □ Yes □ No Do you feel pain in your chest at rest, during activities, or during exercise?
3. □ Yes □ No Do you lose balance due to dizziness, or have you lost consciousness in the past 12 months?
4. □ Yes □ No Have you been diagnosed with another chronic medical condition (e.g., diabetes, cancer)?
5. □ Yes □ No Are you currently taking prescribed medications for a chronic condition?
6. □ Yes □ No Do you have a bone, joint, or soft tissue problem that could worsen with exercise?
7. □ Yes □ No Has your doctor ever said you should only do medically supervised physical activity?

✅ Clearance

- If you answered **NO to all questions** → cleared to participate
- If you answered **YES to any question** → speak with instructor before participating

3. Health Information

Do you have any relevant conditions we should be aware of?

Do you have any physical limitations or injuries, or do you take any medications that would affect your ability to exercise safely?

Is there anything else you want your instructor to know?

If you are or have been receiving physical, occupational or speech therapy, have been hospitalized or had surgery within the last 60 days, a separate *Statement of Medical Clearance* from your provider will be required.

4. Liability Waiver & Assumption of Risk

RELEASE OF LIABILITY, ASSUMPTION OF RISK, AND PARTICIPANT AGREEMENT

I, (print name) _____, voluntarily choose to participate in a physical activity program offered by Trinity United Methodist Church of Tallahassee, Florida, Inc.. These activities may include, but are not limited to, group exercise classes, resistance training, flexibility and balance exercises, aerobic conditioning, and recreational activities such as walking, hiking, kayaking, cycling, and pickleball ("BFC Ministry Activities"). BFC Ministry Activities may take place in person or virtually, on-site or off-site, and indoors or outdoors. I understand that during hybrid or virtual sessions, my image, likeness, and voice may be visible to other participants.

a. ACKNOWLEDGMENT AND ASSUMPTION OF RISK

I understand and acknowledge that participation in physical activity involves inherent risks, including but not limited to bodily injury, illness, aggravation of pre-existing conditions, or, in rare cases, serious injury or death.
I voluntarily assume all known and unknown risks associated with participation, including but not limited to falls, muscle strains, sprains, broken bones, heat-related illness, cardiovascular events, and other injuries or conditions that may occur during or after participation.

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b. HEALTH CERTIFICATION

I represent and warrant that I am physically able to participate in these activities and have no medical condition or impairment that would prevent safe participation, **or** that I have consulted with a physician and received clearance to participate. I understand that it is my responsibility to monitor my condition and discontinue participation if I experience symptoms such as dizziness, pain, or shortness of breath.

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c. RELEASE OF LIABILITY

To the fullest extent permitted by law, on behalf of myself, my personal representative, my administrator, my heirs, assigns or agents, I hereby expressly forever release and hold harmless, waive and discharge Trinity United Methodist Church of Tallahassee, Florida, Inc., its directors, officers, employees, members, volunteers, agents and contractors from any and all claims, demands, damages or causes of action arising out of or relating to my participation in the BFC Ministry Activities, including but not limited to claims or damages arising or resulting from active or passive negligence. This release applies to injury, illness, death, property damage or loss, or any other injuries, losses or damages that may occur before, during or after my participation in BFC Ministry Activities.

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d. VOLUNTARY AGREEMENT

I acknowledge that:

- I have read this agreement in full
- I understand its contents
- I am signing voluntarily and of my own free will
- I understand I am giving up certain legal rights, including the right to sue for claims covered by this release

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5. Photo / Media Release

I give permission for Trinity United Methodist Church to use photos/videos of me for promotional purposes.

□ Yes
□ No

6. Participant Declaration & Signature

I have read and understand this form and confirm that the information provided is accurate.

Participant Name (print): _____
Signature: _____
Date: _____
