The National Multiple Sclerosis Society
South Florida Chapter
www.nmssfls.org
1 800 FIGHT MS (800-344-4867)
Naples: (239) 793-7009
Ft. Myers: (239) 549-3637

The National Multiple Sclerosis Society
South Florida Chapter
Aquatics & Wellness Exercise Program

(Please complete and turn in at the time of your individual evaluation)

Name: _____

Address: _____

Home Phone: _____ Cell Phone: _____

Physician: _____

Emergency Contact: _____

Relationship: _____

Have you ever experienced any of the following:

□ High Blood Pressure □ Cardiac Problems

□ Bladder/Bowel Control Problems □ Diabetes

Are you currently taking any medications? Please list below.

_____ _____

_____ _____

_____ _____

When were you diagnosed with MS? _____

Is there anything that helps to relieve your symptoms? _____

Are you currently participating in an exercise program? If so, how long and how often?

_____

List any other problems that may interfere with exercises _____

What are your primary goals for participating in a therapy program? _____
_____

List your top three problems with MS: 1. _____
2. _____
3. _____

Has fatigue significantly limited your activities? □ No □ Yes

How often do you experience fatigue? □ Daily □ Monthly □ Rarely □ Other
_____

Do you have trouble with walking, balancing, or falling? □ Yes □ No

Do you have trouble walking over uneven surfaces or changing surfaces? □ Yes □ No

Do you have dizziness, vertigo, or a sense of spinning or tilting? □ Yes □ No

Has your vision changed recently? □ Yes □ No
Please Describe _____

Do you have a change in sensation or have numbness or tingling in arms or legs?
□ Yes □ No Please Describe _____

Are you walking or in a wheelchair around 75% of the time?
Walking □ Yes □ No
Wheelchair □ Yes □ No

If you require assistance with the following, you will be required to bring an attendant.
□ Assistance in Dressing
□ With entry into pool
□ Participation in aquatics classes
□ Participation in Wellness Classes

*** Please note that the MS Society may restrict participation due to physical limitation of class activities.**
Signature _____ Date _____

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WAIVER AND RELEASE FROM LIABILITY

CLIENT PROGRAM: MS WELLNESS PROGRAM IN LEE COUNTY

In consideration for my participation in the National MS Society's ***Wellness Program in Lee County,*** I freely accept and voluntarily assume the risks of personal injury or property damage that may arise as a result of my participation.

In signing this release, I acknowledge that I understand its intent, and I for myself, my heirs, executors, administrators and representatives, do hereby agree and will absolve and hold harmless the National Multiple Sclerosis Society, South Florida Chapter, corporate sponsors, cooperating organizations and any other parties connected with this ***MS Wellness Program*** in any way together with their respective successors and assigns (the "Sponsors") singly and collectively, from and against any blame and liability for any injury, harm, loss, inconvenience or any other damage of any kind whatsoever, which may arise out of the negligence or carelessness on the part of any person named in this waiver.

I hereby consent to and permit emergency treatment in the event of injury or illness while participating in the event/meeting. I also hereby give permission to the National Multiple Sclerosis Society, South Florida Chapter to use my name or image by way of a photograph, video or audio format taken of me during the event/meeting in any promotional materials, publications, or any other electronic media.

The National Multiple Sclerosis Society reserves the right to refuse or dismiss anyone that may cause any disturbance or hindrance in any manner, which could jeopardize the safety of oneself or others.

I certify that I have read this waiver and release and understand its significance.

Print _____

Signature _____ Date _____

Signature of parent if participant is under 18 years of age
_____ Date _____

National
Multiple Sclerosis
Society

Name: _____

CONSENT FOR USE OF NAME/IMAGE

Please check one:

___ **I hereby give permission** to the National Multiple Sclerosis Society, South Florida Chapter to use my name or image by way of a photograph, written article, video or audio format taken of me during the event/meeting in any promotional materials, publications or any other electronic media.

___ **I hereby deny permission**

Print Name: _____

Signature: _____

Date: _____