



# Program Information Quarterly Report Form

(Instructor/Leader or Site Coordinator to Complete)

<b>Check off which type of program:</b> <i>(Please complete one form for each type of program you offer per quarter.)</i> <input type="checkbox"/> Arthritis Foundation Aquatic Program <input type="checkbox"/> Arthritis Foundation Exercise Program <input type="checkbox"/> Arthritis Foundation Self-Help <input type="checkbox"/> Arthritis Foundation Tai Chi			
Facility Name:		Street Address:	
City:	State:	Zip code:	County:
<b>Is this an ongoing class</b> (no specific start/end date) <input type="checkbox"/> Yes <input type="checkbox"/> No		If No, Date:	Series Start Date:                      Series End Date:
<b>How many times per week does your facility offer this program?</b>			
<b>On what days and times is the program offered?</b> M _____ Tu _____ W _____ Th _____ Fr _____ Sa _____ Su _____			
Instructor Name(s):			
Instructor Phone:		Instructor Email:	
Site Coordinator Name:		Phone:	Email:
Date completed:			

## Summary Statistics (Instructor/Leader to Complete)

Quarter	Number of <b>NEW</b> participants	Number of ongoing/ repeat participants
First Quarter (Jan 1- Mar 31)		
Second Quarter (Apr 1- June 30)		
Third Quarter (Jul 1- Sep 30)		
Fourth Quarter (Oct 1-Dec 31)		

Please return this form along with the participant roster form and collected participant forms to:

Arthritis Foundation, Pacific Northwest Chapter  
 3876 Bridge Way N. #300  
 Seattle, WA 98103  
 FAX: 206-547-2805  
 Questions? Contact us! 1-800-746-1821



# Participant Release Form

Event Code \_\_\_\_\_  
 (To be completed by Arthritis Foundation Chapter)

Title \_\_\_\_\_ First Name\* \_\_\_\_\_  
 Last Name \_\_\_\_\_ Suffix \_\_\_\_\_  
 Street Number\* \_\_\_\_\_ Street Name\* \_\_\_\_\_ Apt. # \_\_\_\_\_  
 City\* \_\_\_\_\_ State\* \_\_\_\_\_ Zip\* \_\_\_\_\_  
 Phone #: Home \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Business \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
 Email address: \_\_\_\_\_ @ \_\_\_\_\_ Birthday (mm/dd/yyyy) \_\_\_\_/\_\_\_\_/\_\_\_\_

Do you have Arthritis?  Yes  No If yes, please select which type:  
 Osteoarthritis/degenerative (OA)  Rheumatoid arthritis (RA)  Juvenile Arthritis (JA)  Other

How did you find out about this program?  
 Flyer  Newsletter  Friend  Radio  Healthcare Provider  
 Television  Mailing  Website  Newspaper  Other

Ethnic Background  
 Caucasian  African-American  Hispanic/Latino  Native American  Asian American  Other

I understand and agree that there are risks, both foreseeable and unpredictable, associated with any exercise or education program. I am aware of these risks and agree that my participation is at my own risk. I hereby agree that neither the Arthritis Foundation, nor any co-sponsoring agency or facility, nor their respective chapters, officers, directors, employees, agents, members or volunteers, shall assume or have any responsibility or liability for expenses or medical treatment or for compensation for any injury I may suffer during or resulting from my participation in the Arthritis Foundation Program. I do hereby, for myself, my heirs, executors and administrators, waive, release, and forever discharge any and all rights and claims for damages that I may have or that may hereafter accrue to me arising out of or in any way connected with my participation in this or any future Arthritis Foundation program.

I understand that this Participant Release Form has important legal consequences and limits my ability to recover money if I am injured as a result of my participation in this program. I have been given the opportunity to discuss its terms and consequences with an attorney of my choosing if I wish to do so.

I also represent and warrant that I have been advised to seek consultation from my doctor about whether I can safely participate in this program and whether there are precautions or limitations to my participation.

I understand and agree that the goal of the Arthritis Foundation and the co-sponsoring facility is to provide a safe program environment, free from disruption or harassment. To this end, the Arthritis Foundation and the co-sponsoring agency sponsor reserve the right to deny admission of those individuals whose behavior is disruptive, or who harass other program members or staff.

I understand and agree that a copy of this form will be provided to the Arthritis Foundation as well as any co-sponsoring agency or facility.

**Privacy Notice:** The Arthritis Foundation respects the privacy of each class participant. The Arthritis Foundation would like to provide you with information about other programs, services and opportunities. To indicate any preferences about how you are contacted, check off the appropriate boxes:

The Arthritis Foundation may contact me by the following methods:  Mail  Phone  Email  No contact

I do not want the Arthritis Foundation to share my name and address with other companies or organizations.

I would like to become an advocate for the Arthritis Foundation.

I am interested in volunteering.

\_\_\_\_\_  
 Signature\* \_\_\_\_\_/\_\_\_\_/\_\_\_\_  
 Date\*

\* Required