



TORRANCE MEMORIAL

ADVANTAGE PROGRAM

A NETWORK OF SERVICES FOR PEOPLE 50+

Senior Aerobics and Muscle Strengthening Exercise Program Description

The ADVANTAGE aerobic exercise program consists of warm-up, low impact aerobics, muscle strengthening, cool down, and stretching. Sessions are conducted by a Certified Aerobics Instructor and last approximately one hour.

AEROBIC WARM-UP consists of light arm and leg exercise done to increase circulation and slowly bring heart rate up – lasts 8-10 minutes.

LOW IMPACT AEROBIC EXERCISE/WALKING is exercise with one foot on the floor at all times with no jumping and lasts for 15-20 minutes. Pace to be appropriate to maintain target heart rate (THR).

MUSCLE STRENGTHENING/BALANCE & STRETCH is working with upper extremity muscles using resistance of therabands and lasts 10-15 minutes. Also includes mat work for back, abdomen and lower extremity strengthening.

COOL DOWN EXERCISES are similar to warm-up and slowly bring heart rate down.

STATIC STRETCHES (stretch held for at least 30 seconds) for upper and lower extremities, abdomen, neck and back and lasts for 10 minutes.

FINAL STRETCHING AND BREATHING (5 minutes)

TARGET HEART RATE (THR) will be maintained at approximately 65% - 75% to gain maximum exercise benefits.

HEART RATE to be monitored by each individual after maximum exercise and after a two-minute recovery time.

Essential Items:

- Comfortable , loose clothing
- Heavy mat for floor work
- Proper exercise shoes with shock absorption, I.e. cross training good for walking and aerobics.
- Water

Class participants must be able to stand/walk unassisted. If a wheelchair or other mobility device is needed (walker, cane, etc), a seated exercise class will be recommended.

Ongoing participation in class is contingent upon compliance with all direction given by the instructor for safe and proper exercise techniques.

FINAL APPROVAL TO PARTICIPATE IN THIS CLASS WILL BE AT THE INSTRUCTOR'S DISCRETION.



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Exercise Program Health History & Emergency Contact Information

Date: _____

Name: _____

Address: _____

City: _____ State _____ Zip _____

Telephone: _____ Birth Date: _____

Doctor's Name: _____ Phone: _____

Emergency Contact Name: _____ Phone: _____

Medical History (circle any that apply to you and explain below)

- | | | |
|-----------|---|-------------------|
| Arthritis | High Blood Pressure | Cardiac Condition |
| Cancer | Respiratory Condition | Diabetes |
| Stroke | Vascular Condition | Seizure Disorder |
| Vision | Orthopedic Condition (shoulder, neck, back, hip, knee, other) | |

Other: _____

Explain: _____

Allergies: _____

Medication: _____

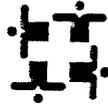
Previous Exercise Activities: _____

FOR INSTRUCTOR USE:

Instruction in Self HR _____ Initial HR _____

Release form returned? YES

Participant's Signature _____ Date _____ Instructor's Signature _____



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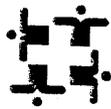
PHYSICIAN AUTHORIZATION FORM

I have reviewed the description of the ADVANTAGE EXERCISE CLASS that my patient, _____, has provided me. I am familiar with my patient's medical condition and hereby authorize his/her participation in the Carson Senior/ADVANTAGE Exercise Class.

DATE: _____

SIGNATURE OF PHYSICIAN

NAME OF PHYSICIAN (Print or type)



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RELEASE ASSUMPTION OF RISK

THIS IS A WAIVER AND RELEASE. READ IT CAREFULLY BEFORE YOU SIGN IT.

I, _____, wish to participate in the Fitness Program for senior citizens (the "Exercise Program") sponsored by the City of Carson (the "City") in conjunction with Torrance Memorial Medical Center (the "Hospital").

I understand that the Exercise Program will consist of various forms of physical exercise including, but not limited to, stretching, stationary bicycling, jogging, walking, low impact aerobics, exercise with jump ropes, light weights and therabands. I have discussed the Exercise Program with my physician who has advised me of the medical risks inherent in any exercise program and has authorized my participation. I have provided the City with an authorization form signed by my physician.

I, for myself, my heirs, executors, administrators, and assigns hereby release and discharge City and Hospital and their respective agents, officers, servants, contractors, and employees (the "Organizers") from any and all claims for losses, injuries, damages or liabilities, including personal injury and injury to personal property, arising out of or attributable to my participation in the Exercise Program. I expressly release and hold harmless the Organizers from and all claims or liabilities arising from their joint or several negligence in organizers, planning and implementing the Exercise Program.

THIS IS A RELEASE.

I HAVE READ THIS RELEASE CAREFULLY.

I UNDERSTAND THE RISKS INVOLVED IN PARTICIPATING IN THE EXERCISE PROGRAM.

I AM FULLY PREPARED TO ACCEPT THESE RISKS.

Signed: _____ Date: _____

Name (please print): _____



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Sign Up to Join the ADVANTAGE Program – It's FREE!

The ADVANTAGE Program Works For You

If you are like many people over age 50, you have a special interest in maintaining your health and the quality of your life. That's why Torrance Memorial Medical Center established ADVANTAGE, a free network of health-related resources for people 50 and over.

Members enjoy the followings benefits:

- Free and low cost wellness classes
- Free Medicare insurance consultation (HICAP)
- 10% discount in the hospital cafés
- Bi-monthly Newsletter

Membership Application

Mr. Mrs. Ms.

Name _____ Date _____

Address _____ Apt. # _____

City _____ Zip _____

Telephone _____ Date of Birth _____

E-mail _____

We ask for date of birth for identification purposes in our database and to avoid duplicate mailings. We do not share your information with any outside parties.

TO ENROLL SPOUSE:

.....
Spouse's Name _____

Date of Birth _____
.....

Once completed, please return form to instructor. Thank you!