Participant Information Form

Welcome to LivingWell Cancer Resource Center. Please take a moment to complete this confidential participant form. Your personal information will not be shared with anyone outside of LivingWell Cancer Resource Center.

Name: _____ Home Phone: _____

Address: _____ Work Phone: _____

City: _____ State: _____ Zip: _____ Cell Phone: _____

Email Address: _____ Gender: ☐ Male ☐ Female Date of Birth: ____/_____/_____

Name of Person with Cancer: ☐ SELF or Name: _____ Relationship:_____

Primary Cancer Type: _____ Cancer Stage: 1 2 3 4 Other:_____

Date of Diagnosis: ____/_____/_____ Date of Recurrence (If applicable): ____/_____/_____

☐ Metastatic ☐ Active ☐ Remission

Primary Oncologist/Cancer Specialist: _____ Hospital: _____

Treatment Status: ☐ Pre-treatment ☐ Active treatment ☐ Completed treatment during past 18 months

☐ Treatment completed more than 18 months ago ☐ Other: _____

Other Family Members In Household Participating In Programs: *(If more than one, please record on back of paper.)*

Name: _____ Gender: M/F Phone: _____ Birthdate: ____/_____/_____

Emergency Contact: _____ Phone Number: _____

Release and Waiver:

I, the undersigned, acknowledge that I have voluntarily chosen to participate in the classes/programs/services offered by LivingWell Cancer Resource Center. I am aware that participation in some of these classes/programs/services may require physical exertion and a minimum level of physical fitness. I am voluntarily participating in the classes/programs/services and I assume all responsibility and liability for any and all injuries I may sustain due to my participation in these activities. In consideration for participation in the classes/programs/services I waive any claims or liability against LivingWell Cancer Resource Center and/or the LivingWell Cancer Resource Center staff/instructors/other participants for injury or damages that I may sustain as a result of my participation. I have read the above release and waiver of liability and fully understand its contents. I voluntarily agree to the terms and conditions stated above.

Participant Name: (Please Print)_____

Participant Signature: _____ **Date**: ____/_____/_____

***OR If Participant Is Under Eighteen Years Old:**

Parent/Guardian Signature _____ **Date**: ____/_____/_____