

Cancer Resource Center Lifestyle Programs

How to join Core & More, Healing through Dance, The Feldenkrais Method®/Restorative Movement Classes, & YogaCares

For All Classes

Fill out the Health History form and sign the waiver before participating in your first class. Make copies if planning on attending more than one type of class. Please give to the instructor at your first class.

It is recommended to contact the instructors before the first class to introduce yourself and to let them know that you will be attending, and to be notified if there is any change in the schedule. All classes are designed to meet the needs of people facing cancer and life-threatening illness.

Core & More

Instructor: **Jane Clark**, Certified Pilates and Fitness Instructor
Phone: 415-722-5314
Day & Time: **Fridays, 10:00 – 11:30am**
Place: Osher Center for Integrative Medicine, 1545 Divisadero, 5th floor

NOTE: Includes floor exercises – you must be able to get up and down from the floor unassisted.

Healing through Dance

Instructor: **Anne Krantz**, PhD, ADTR
Phone: 415-771-1430
Day & Time: **Tuesdays, 11:00 – 12:30pm**
Place: Osher Center for Integrative Medicine, 1545 Divisadero, 5th floor.

The Feldenkrais Method®/Restorative Movement

Instructor: **Karen Ingebrigtsen**, GCFT
Phone: 415-931-7719
Day & Time: **Thursdays, 11:00 – 12:00pm**
Place: Osher Center for Integrative Medicine, 1545 Divisadero, 5th floor

NOTE: Includes floor exercises – you must be able to get up and down from the floor unassisted.

YogaCares: Therapeutic Yoga for People with Cancer

Instructors: **Traci Joy (TJ) Burleigh, CAC,E - RYT**
Days & Times: **Tuesdays, 10:30-12:00pm & Thursdays, 11:30 – 1:00pm**
Place: Osher Center for Integrative Medicine, 1545 Divisadero, 5th floor, Rm 526
Contact: Osher Center for updates on the class, 415-353-7718

For further questions about the movement classes, please call the **Osher Center** at **415-353-7718** or the **Cancer Resource Center** at **415-885-3693**.

Cancer Center Lifestyle Program

Health History Form

I will be participating in the following class(es):

Core & More _____ Healing through Dance _____ Feldenkrais/Restorative Movement _____ Yoga _____

General Information

Name _____ Date _____ Age _____

Weight _____ Height _____ Occupation _____

Mailing address _____ Phone _____

Cancer/Medical Information

Date of diagnosis _____ Type of cancer _____

Area of the body _____ Type of surgery _____

Type of radiation/chemotherapy _____

Times per month _____ Physician's name _____

Phone _____ Address _____

Please check if you have or have had any of the following:

OCCURRENCE OR CONDITION	X	DATE OR TIME PERIOD
heart attack, coronary angioplasty or cardiac surgery		
chest discomfort		
lightheadedness or fainting with exercise		
shortness of breath with exercise		
rapid heart beats or palpitations		
heart murmurs, clicks or unusual cardiac findings		
high blood pressure		
stroke		
ankle swelling		
numbness, tingling or loss of feeling in hands or feet		
peripheral arterial disease, claudication		

pulmonary disease including asthma, emphysema and bronchitis		
diabetes		

OCCURRENCE OR CONDITION	X	DATE OR TIME PERIOD
low blood sugar		
thyroid condition		
high cholesterol		
anemia		
arthritis (indicate where)		
family history of coronary artery disease		

Please list all medications that you are currently using _____

Indicate any orthopedic problems you might have _____

Exercise History

Please check if you have participated in any of the following in the past 6 months:

ACTIVITY	X	FREQUENCY	DURATION
aerobic dance			
swimming			
walking			
jogging/running			
bicycling			
tennis or golf			
weight training			
stretching			
other (indicate type)			

What is your average heart rate during exercise, if known? _____ Beats per minute

Participant's name: _____
Please Print

UNIVERSITY OF CALIFORNIA,

Waiver of Liability, Assumption of Risk, and Indemnity Agreement

Waiver: In consideration of being permitted to participate in any way in

hereinafter called "The Activity", I, for myself, my heirs, personal representatives or assigns, **do hereby release, waive, discharge, and covenant not to sue** The Regents of the University of California, its officers, employees, and agents from liability **from any and all claims including the negligence of The Regents of the University of California, its officers, employees and agents**, resulting in personal injury, accidents or illnesses (including death), and property loss arising from, but not limited to, participation in The Activity.

Signature of Parent/Guardian of Minor Date

Signature of Participant Date

Assumption of Risks: Participation in The Activity carries with it certain inherent risks that cannot be eliminated regardless of the care taken to avoid injuries. The specific risks vary from one activity to another, but the risks range from 1) minor injuries such as scratches, bruises, and sprains 2) major injuries such as eye injury or loss of sight, joint or back injuries, heart attacks, and concussions to 3) catastrophic injuries including paralysis and death.

I have read the previous paragraphs and I know, understand, and appreciate these and other risks that are inherent in The Activity. I hereby **assert that my participation is voluntary and that I knowingly assume all such risks.**

Indemnification and Hold Harmless: I also agree to INDEMNIFY AND HOLD The Regents of the University of California HARMLESS from any and all claims, actions, suits, procedures, costs, expenses, damages and liabilities, including attorney's fees brought as a result of my involvement in The Activity and to reimburse them for any such expenses incurred.

Severability: The undersigned further expressly agrees that the foregoing waiver and assumption of risks agreement is intended to be as broad and inclusive as is permitted by the law of the State of California and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

Acknowledgment of Understanding: I have read this waiver of liability, assumption of risk, and indemnity agreement, fully understand its terms, and **understand that I am giving up substantial rights, including my right to sue.** I acknowledge that I am signing the agreement freely and voluntarily, and **intend by my signature to be a complete and unconditional release of all liability** to the greatest extent allowed by law.

Signature of Parent/Guardian of Minor Date

Signature of Participant Date