FUNCTIONAL FITNESS TEST
STAFF DIRECTIONS

SilverSneakers

Equipment and materials

- Stopwatch
- Chair
- Assessment Packet
  (Staff Directions, Participant Assessment Form and Quick Exercise Guide)
- Pens
- Consent form below
- Clipboards (optional)

Preparation

- Set up one universal testing station, or individual testing stations, with the necessary equipment.
- Be sure to have assessment packets, clipboards and pens ready.

Directions

- Explain the assessment to the participant. Have the participant read and sign the waiver below. Demonstrate the assessment and then have the participant perform the assessment.
- Record the participant's scores and share the Quick Exercise Guide. Encourage him or her to visit **SilverSneakers.com** to find a location and go to a SilverSneakers® class or take advantage of the club amenities to improve the score.
- Collect signed waivers and send to the location noted by the event specialist for this event.

30-Second Chair Stand Test

Equipment:
- Chair
- Stopwatch

Purpose:
To assess lower-body strength needed for numerous tasks such as climbing stairs, walking, and getting out of a chair, tub, or car; also reduces the chance of falling.

Description:
From a sitting position, count the number of full stands that can be completed in 30 seconds with arms folded across chest.

Waiver I hereby release and forever discharge Tivity Health, Inc., its subsidiaries and affiliates and their respective officers, directors, members, partners, employees and agents (collectively, the "Released Parties"), from and against any and all liability, including all claims, demands, and causes of action which I may have against the Released Parties, arising out of my participation in the Functional Fitness Test. I further acknowledge and agree that the Released Parties have not made and expressly disclaim any warranty, representation, or guarantee, whether express or implied in fact or in law, with respect to the Functional Fitness Test.

Name (Please print.) _____ Signature _____ Date _____

Date of birth _____ ( ) Phone number _____

Email _____

SilverSneakers ID number (if available):

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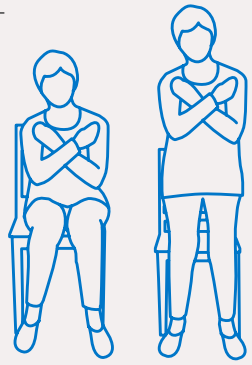

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