Participant Informed Consent and Waiver

Understanding Potential Risks and Participant Responsibility
I understand and I have been informed that my use and/or my child’s use of the Advocate Good Samaritan Health and Wellness Center (AGSHWC) is at my own and/or my child’s voluntary undertaking. The use of weights, number of repetitions and use of any and all machinery, equipment, and all apparatus designed for exercising in the AGSHWC, including but not limited to aerobic equipment, stationary bicycles, treadmills, stair steppers, elliptical machines and any other equipment, shall be the participant’s sole responsibility. I also understand and have been informed on behalf of myself and/or my child that participation in any of the events noted above does pose the risk of serious injury and/or other adverse health consequences, including death. I understand that my use and/or my child’s use of any and all machinery, equipment, and all apparatus designed for exercising in AGSHWC will not be monitored or supervised by AGSHWC personnel, nor will my and/or my child’s individual program participation be monitored and supervised. Further, AGSHWC makes no representations regarding my and/or my child’s personal health and safety. I agree to self-limit my and/or my child’s exertion through good judgment and to terminate any physical activity immediately if it exceeds my personal limitations either determined by my and/or my child’s physician or myself/my child.

Physical Limitations and Physician Approval
I verify that a physician has evaluated me and/or my child and I and/or my child have been approved to participate in the program referred to herein. If my current fitness status limits my and/or my child’s activities, I agree to cease using the AGSHWC. I understand and assume the risk of injury and other adverse health consequences, including death, if I and/or my child exceed the exercise guidelines recommended by my and/or my child’s physician or good common sense. I understand it is my responsibility to seek and to continue to receive medical evaluations from my and/or my child’s personal physician to determine if there are any medical conditions or injuries that could limit my and/or my child’s use of the AGSHWC and any machinery, equipment, and all apparatus designed for exercising and program participation in the Advocate Good Samaritan Health and Wellness Center. The AGSHWC reserves the right to require physician approval prior to program participation based on health history and risk factors if known.

Release and Liability
In consideration for my and/or my child’s program participation and use of the AGSHWC including but not limited to all machinery, equipment, and all apparatus designed for exercising in the AGSHWC, I voluntarily assume risk on behalf of me and/or my child of any injury, loss and/or adverse health consequences, including death. I, on behalf of myself and/or my child, my and/or my child’s heirs, executors, administrators, assigns, agents, attorneys and representatives, hereby release and hold harmless Advocate Health and Hospital Corporation and Advocate Health Care Network, its subsidiaries and affiliates and their officers, directors and employees from any and all claims, liabilities or demands of any kind for or on account of any injury, loss or adverse health consequences, including death, to my and/or my child’s person or property, arising out of my and/or my child’s program participation and/or use of the AGSHWC and any and all machinery, equipment, and all apparatus designed for exercising at the AGSHWC.

I agree on behalf of me and/or my child to abide by any rules or regulations designated by the AGSHWC, including but not limited to appropriate dress code, appropriate behavior, and use of all equipment and time restrictions for use of equipment. I acknowledge that my and/or my child’s failure to abide by such rules and regulations will result in termination of my and/or my child’s program participation. If I learn of any malfunctioning of any type of AGSHWC equipment, I agree to report such occurrences to the AGSHWC staff.

Subject to these conditions, I affirm that I have read and understand the above said document and I and/or my child wish to be a program participant and/or use the AGSHWC.

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Signature of Participant or Parent if Participant is a Child

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Date

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Printed Name of Participant and Parent if Participant is a Child

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Date