



## **INFORMED CONSENT FOR FITNESS ASSESSMENT AND PROGRAM PARTICIPATION**

### ***UNDERSTANDING POTENTIAL RISKS/MEMBER RESPONSIBILITY***

To achieve maximum benefits from membership, it is recommended that each member has a fitness assessment. Fitness assessment information will be utilized to develop a personalized fitness program geared to your personal fitness goals. As a participant in the TriHealth Fitness & Health Pavilion (the "Pavilion") programs, fitness assessment, and/or exercise activities I understand and I have been informed that my voluntary participation in such activities shall be the participant's sole responsibility. I also understand and have been informed that participation in any of the events noted above does pose the risk of serious injury or other adverse health consequences, including death. I agree to self-limit my exertion through good judgment and to terminate any physical activity immediately, if it exceeds my personal limitations, whether or not it exceeds the activity level recommended by the staff or prescribed by my physician. I hereby consent to and permit emergency medical treatment in the event of any injury or illness.

### ***FITNESS ASSESSMENT MEASUREMENTS***

I understand that a Pavilion fitness assessment will include tests designed to measure: (i) flexibility; (ii) muscular strength; (iii) body composition; and (iv) changes in heart rate and blood pressure during and after a bicycle ergometer exercise test.

### ***PHYSICAL LIMITATIONS AND PHYSICIAN APPROVAL***

If requested to obtain written consent from a personal physician, I verify that I have been evaluated by a physician, and I have been approved to participate in the programs and exercise activities as stipulated on my Physician Consent Form which is attached. If my current fitness status limits my activities, it has been indicated on my Physician Consent Form. These limitations have been fully explained to me, and I understand and assume the risk of injury and other adverse health consequences, including death, if I exceed the exercise and dietary guidelines recommended by my physician.

### ***RESPONSIBILITY FOR HEALTH MANAGEMENT AND INFORMED UPDATES***

I understand and agree it is my responsibility to seek and to continue to receive medical evaluations from my personal physician to determine if there are any medical conditions or injuries that could limit my participation in fitness or health promotion activities. I agree to notify the staff of changes in health status, physical injuries, hospitalizations, surgery or additional physical or medical limitations, or additions/changes in medication recommended by my physician that may affect my participation in fitness or health promotion activities. I understand that for any new medical conditions or injuries noted above, written consent from my personal physician will be required prior to resuming activities. I understand my activities may be modified.

### ***RELEASE AND LIABILITY***

In consideration for my participation in fitness programs, fitness assessments, special events, and exercise activities, I voluntarily assume the risk of any injury, loss and/or adverse health consequence. I, for myself, my heirs, executors, administrators and assignees, hereby release Bethesda Hospital, Inc. and the TriHealth Fitness & Health Pavilion and their officers, directors, employees and their affiliated entities from any and all claims, liabilities or demands of any kind arising from any injury, loss or adverse health consequence, including death, related to my participation in fitness or health promotion activities.

**I affirm that I have read, understand and agree to the terms set forth above and I wish to participate in a fitness assessment, health promotion programs, exercise activities, and special events.**

\_\_\_\_\_  
Signature of Participant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian signature if under age 18

\_\_\_\_\_  
Date