



**TriHealth**  
Fitness & Health Pavilion  
(513) 985-0900  
www.TriHealthPavilion.com

### **WAIVER OF MEDICAL CONSULTATION**

I have read, understood and signed the Waiver and Release for the TriHealth Fitness & Health Pavilion (the "Pavilion"). I understand and acknowledge that there are risks associated with participating in an exercise program, using exercise equipment and facilities, and participating in Pavilion activities.

I have requested to begin my membership at the TriHealth Fitness & Health Pavilion without obtaining documented physician approval and consultation.

- I understand that it is generally recommended that all adults consult with a physician before starting a physical activity program.
- I further understand that based on my health history information noted on the Pavilion's health history form, the Pavilion staff has recommended that I consult with and obtain recommendations from a physician **before** engaging in exercise activity or a fitness assessment.
- I understand that if I choose not to consult with my physician I will not be eligible for additional programming within the Pavilion. Including, but not limited to, fitness assessments, exercise prescription, personalized program orientations, and personal training, until such time as documentation of my physician's consultation and approval is available.
- I understand that at any time I may obtain a "Medical Consultation" form on which my physician's recommendations can be documented and if I do so I will submit the Medical Consultation form to the Pavilion's staff **before** my fitness assessment or participation in Pavilion activities.

I acknowledge that I choose not to follow the recommendation for physician approval and consultation. I **assume full and entire responsibility for this decision and for any injury, loss, or adverse health consequences as a result of my participation in Pavilion exercise activities.**

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

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Date