



Jupiter Medical Center Wellness & Rehabilitation Services

INFORMED CONSENT FOR UNSUPERVISED EXERCISE PARTICIPATION

We request your understanding and cooperation in maintaining both your and our safety and health by reading and signing the following informed consent agreement.

I declare that I intend to use some or all of the activities, facility programs and services offered Wellness & Rehabilitation Services on an **unsupervised basis**. I understand that each person (Myself included), has a different capacity for participating in such activities, facilities, programs, and services. I assume full responsibility, during and after my participation, for my choices to use or apply, at my own risk, any portion of the information or instruction I receive.

I understand that part of the risk involved in undertaking any activity or program is relative to my state of fitness (physical, mental, or emotional) and to the awareness, care, and skill with which I conduct myself in that activity or program. I acknowledge that my choice to participate in this exercise program of Wellness & Rehab Services brings with it my assumption of those risks or results stemming from this choice and the fitness, health, awareness, care and skill that I possess and use.

I recognize that by participating in the exercise program offered by Wellness & Rehab Services, I may experience potential health risks such as transient light headaches, fainting, abnormal blood pressure, chest discomfort, leg cramps, and nausea and that I assume willfully those risks. I acknowledge my obligation to immediately inform the nearest supervising employee of any pain, discomfort, fatigue or any other symptoms that I may suffer during or immediately after my participation. I understand that I may stop or delay my participation in any activity or procedure if I so desire and that I may also request to stop and rest by a supervising employee who observes any symptoms of distress or abnormal response.

I agree to assume the risks involved in participating unsupervised in the Wellness & Rehabilitation Services program and further agree to hold harmless Jupiter Medical Center, its subsidiaries, affiliates, and any other persons associated with conducting such programs from any claims, suits, losses, or related causes of action for damages including, but not limited to such claims that may result from my injury or death, accidental or otherwise, during or arising in any way from, Wellness & Rehab Services.

In signing this consent form, I affirm that I have read this form in its entirety and that I understand the description of the program and their components. I understand the description and their components. I further affirm that my questions regarding the program have been answered to my satisfaction.

(Participant Signature)

(Date)

(Instructor Signature)

(Legal Guardian Signature)