GOTTSCHE WELLNESS CENTER

Thermopolis, Cody, Powell, Bain, Worland - www.gottsche.org 800-743-0736

WELLNESS WAIVER/LIABILITY RELEASE

NAME ______________________________ DATE ________________

ADDRESS ____

CITY ________________________EMAIL:____________________

HOME PHONE ____________________________DOB:______________

N O R E F U N D S

Gottsche Rehabilitation/Wellness Center does not provide medical insurance to cover its members during their participation in the fitness center. Insurance coverage is the personal responsibility of all clients wishing to become members of this facility.

I, ______________________ give consent for myself and/or ____________ to participate in recreational fitness/wellness programs and activities within the Gottsche Wellness Center. I hereby release the Gottsche Rehabilitation Center, all staff, and Board of Directors herewith from all liability, including claims and suits at law or in equity for any injury, fatal or otherwise while participating in any of these programs or activities.

Liability and Consent

All exercise programs/testing are designed to gradually increase workload on the cardio-respiratory and musculoskeletal systems in order to improve body function. The body's reaction to gradually increasing exercise activities cannot be predicted with complete accuracy. Unusual changes during or following an exercise session may occur. These may include muscular or joint, abnormal blood pressure, fainting, disorders of heartbeat, and/or very rare instances of heart attack or death. The Gottsche Wellness is not responsible for injuries and/or damages occurring as a result of using this facility.

Our advanced exercise equipment and a bouldering wall could cause injury even if used correctly. Bouldering is an extreme sport where falling is common. It is up to you to know your limitations, use common sense, and maintain control at all times. The advanced flooring system will cushion falls, but cannot completely eliminate the risk of injury which is your responsibility. Safety is our top priority and if you fail to follow the rules and/or compromise the safety of others you may be asked to leave.

Unless otherwise indicated under the "comments" section below, I certify that I am in good health and have no condition that would limit/prohibit my participation in a structured exercise program. I realize injury may result from any of the any of the activities and take full responsibility for my well-being. I consent to the administration of any immediate resuscitation measure deemed advisable by my trainer or other qualified personnel.

Please initial each line if you consent with the corresponding statement.

______I agree to take full responsibility for any injury I may receive as a result of using the wellness center.

______I understand by not following the center's rules I may be asked to leave.

______I give permission for any photograph or video taken of myself at the center to be used in advertising, website design or other marketing purposes.

Question/Comments ____

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RISK FACTOR INDENTIFICATION

Risk Factor	**Points**
Place an "X" on the line if applicable to your health history.	
Family History <55-yr old Father or 1st degree male relative with MI or sudden death <65-yr old Mother or 1st degree female relative with MI or sudden death	_____
Current Cigarette Smoking	_____
Hypertension Blood pressure > 140-90 mm Hg confirmed on two separate occasions Currently taking antihypertensive medications	_____
Hypercholesterolemia Total serum cholesterol > 200 mg/d Or HDL <35 mg/dl	_____
Impaired Glucose Fasting Fasting Glucose of > or = 110 mg/dl confirmed by measurements on two separate occasions	_____
Obesity BMI = weight in lbs / (height in inches)2 X 703 (over 30 is classified obese)	_____
Sedentary Lifestyle No regular physical activities, recreational pursuits or active job	_____
Total Points	___________

All clients with two or more positive risk factors should be evaluated by a physician prior to engaging in physical activity.

YES	NO		Physical Activity Readiness Questionnaire
☐	☐	1	Has your doctor ever said that you have a heart condition and that you should only do physical activity recommended by a doctor?
☐	☐	2	Do you feel pain in your chest when you do physical activity?
☐	☐	3	In the past month, have you had any chest pain when you were not doing any physical activity?
☐	☐	4	Do you lose your balance because of dizziness or do you ever lose consciousness?
☐	☐	5	Do you have a bone or joint problem that could be made worse by a change in physical activity?
☐	☐	6	Is your doctor currently prescribing medication (for example, water pills) for your blood pressure or heart condition?
☐	☐	7	Do you know of any reason you should not do physical activity?

If you answered yes to two or more questions talk with your doctor by phone or in person BEFORE you start becoming more physically active.

Initial ONE line only:

_____I have less than two risk factors and "YES" answers and am ready to exercise.

_____I have two or more risk factors and/or "YES" answers and realize I should obtain a medical release prior to exercise.

HEALTH HISTORY FORM

Gender: _______Male _______Female

Physician's Name: ___________________________ Phone #: _________________________

Emergency Contact: __________________________ Phone #: _________________________

List any medications you currently take: ____

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____

Does your physician know you are participating in this exercise program?

Yes __________ No __________

Describe any physical activity you do somewhat regularly: ______________________________________

____

Do you now or have you had in the past:

	YES	NO
1. Any chronic illness or condition		
2. Difficulty with physical exercise		
3. Advised from physician not to exercise		
4. Recent surgery (last 12 months)		
5. Pregnancy (now or within last 3 months)		
6. History of breathing or lung problems		
7. Any previous injury still affecting you		
8. Diabetes or thyroid condition		
9. Hernia or condition that may be aggravated by lifting weights		

Please explain any "YES" answers: ___

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By my signature below, I acknowledge and represent that I have carefully read this document in its entirety, understand its contents and effect, and am executing it voluntarily of my own free will. I further state that I am at least eighteen (18) years of age and am fully competent to sign this agreement or am having a legal guardian sign for me as a minor.

THIS IS A RELEASE OF LEGAL RIGHTS.
READ AND BE CERTAIN YOU UNDERSTAND IT BEFORE SIGNING.

PARTICIPANT NAME (Please Print) ________________________DATE ___________

GUARDIAN NAME (For Minors) ___________________________________

PARTICIPANT/GUARDIAN SIGNATURE______________________________

IN CASE OF AN EMERGENCY PLEASE CONTACT:___________________________

PHONE NUMBER OF EMERGENCY CONTACT:____________________________