

**INFORMED CONSENT AGREEMENT and RELEASE OF LIABILITY**

For Utilization of the Live Well/Work Well Fitness Room and Exercise Programs:

For Office Use only:	Completed by:	Date:
Submitted to Security Office		
Tracked in LWWW system		

**PLEASE PRINT NEATLY**

Name: \_\_\_\_\_ Email Address: \_\_\_\_\_

Please check one:     Staff member     House Staff     Retiree     Volunteer

Department: \_\_\_\_\_ Work Location: \_\_\_\_\_ Work Contact Number: \_\_\_\_\_

Select the Fitness Room you are requesting access to:

Main Campus, L2, Faulkner     Heater Rd     L1, Novell

D-H BADGE# - This is located in the bottom right corner on the back of your D-H ID badge; **your request**

**cannot be processed without this number:**

In consideration of being allowed to participate in the activities and programs of the Live Well/Work Well program and to use its facilities and equipment, in addition to the payment of any applicable fee, I waive, release and forever discharge the Live Well/Work Well program, Mary Hitchcock Memorial Hospital, Dartmouth-Hitchcock Clinic, and their directors, officers, employees, agents and assigns from any and all responsibilities or liability from injuries or damages that result from my participation.

I release all of those mentioned, and any others acting upon their behalf from any responsibility or liability for any injury or damage to myself, including those caused by the negligent act or omission of any of those mentioned or others acting on their behalf, or in any way arising out of or connected with my participation in any activities of the Live Well/Work Well program, Mary Hitchcock Memorial Hospital, and Dartmouth Hitchcock Clinic, or the use of any equipment of the Live Well/Work Well program.

I understand that strength, flexibility, and aerobic exercise, including the use of equipment, is a potentially hazardous activity. I understand that fitness activities involve a risk of injury and even death, and that I am voluntarily participating in these activities and using equipment and machinery with knowledge of the inherent dangers involved. I agree to assume and accept any and all risks of injury or death.

I declare myself to be physically sound and suffering from no condition, impairment, disease, infirmity, or other illness that would prevent my participation or use of equipment or machinery except as hereinafter stated.

I acknowledge that I have been informed of the possible need for a health care provider's approval for my participation in an exercise/fitness activity or in the use of exercise equipment and machinery.

I acknowledge that it has been recommended that I have a yearly or more frequent physical examination and consultation with my health care provider as to physical activity, exercise, and use of exercise and training equipment so that I might have his/her recommendations concerning these fitness activities and equipment use.

I acknowledge that I have read and completed the Physical Activity Readiness Questionnaire (PAR-Q) and if required have had a physical examination and been given my health care provider's permission to participate, or that I have decided to participate in activity and use of equipment and machinery without the approval of my health care provider and do hereby assume all responsibility for my participation and/or activities, and utilization of equipment and machinery in my activities. **Please check one:**

I have completed *Are You Ready to Exercise?* (PAR-Q) form and do not require my health care provider's approval before beginning an exercise program and do hereby assume all responsibility for my decision and participation.

I have completed *Are You Ready to Exercise?* (PAR-Q) and have received my health care provider's approval before beginning exercise and do hereby assume all responsibility for my decision and participation.

I have decided to participate without my health care provider's knowledge and assume all responsibility for my decision and participation.

I understand that all D-H Policies and Codes of Conduct apply while I utilize the Live Well/Work Well program, the fitness room, its equipment or the adjacent bathrooms. Failure to do so may constitute disciplinary action.

I have read, understand and agree to abide by all of the rules as detailed on this agreement. I understand that failure to comply with the rules may result in the revocation of privileges to utilize the Live Well/Work Well program fitness room or programs.

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Signature

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Date

Checking this button will constitute your signature if submitted electronically

Send This Completed Form To Live Well/Work Well Employee Wellness:

Fax: 650.3662

Email: [livewellworkwell@hitchcock.org](mailto:livewellworkwell@hitchcock.org)

Mail: Live Well/Work Well, Heater Rd., L2