

This Informed Consent and Release Agreement is used in connection with the Aquatic-Exercise Program provided at Harnett Health Betsy Johnson which is to be used only by the individuals who have been approved to participate in the Program by their attending physician.

I, _____, hereby declare that I intend to participate in Aquatic-Exercise Program (“the Program”) offered by Harnett Health Betsy Johnson.

1. I recognize and acknowledge that by participating in the Program, I may experience potential health risks that are often associated with any type of exercise, included but not limited to: Transient lightheadedness, fainting, abnormal blood pressure, chest discomfort, leg cramps and nausea and any other illness, discomfort or injury. I understand that I may stop or delay my participation in the Program if I so desire and that I may also be required to stop and rest by anyone who observes any symptoms of distress or abnormal response.
2. I understand and am aware that participation in the Program is a potentially hazardous activity involving risk of injury and even death. I acknowledge and agree that my participation in the Program is completely voluntary. I hereby acknowledge that I have been informed of and understand the risks of injury or death.
3. I understand that part of the risk involved in undertaking any activity or program is related to my own state of fitness or health (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 the Program brings with it assumption of those risks or results stemming from this choice and the fitness, health awareness, care and skill I possess and use and that I knowingly assume these risks.
4. In consideration of being allowed to participate in the Program, including the use of the Program’s facilities, I do hereby waive, release and forever discharge Harnett Health Betsy Johnson and their officers, agents, employees, representatives, executors, instructors and all other from any and all responsibilities or liability for injuries or damages resulting from my participation in the Program. I do also hereby release all those mentioned above and any others acting upon their behalf from any responsibility or liability for any injury or damage to myself, caused by the condition or failure of equipment at Harnett Health Betsy Johnson or during my participation in the Program.
5. I understand that my participation in the Program is conditioned on receiving prior consent from my treating physician to participate. I also acknowledge that it has been recommended that I have a yearly or more frequent physical examination and consultation with my physician as to physical activities, including without limitation participation in an aquatics-based exercise program.
6. Harnett Health Betsy Johnson shall have the right to suspend or terminate my participation in the Program or the hours when I may participate in the Program at any time for any or no reason.
7. I acknowledge and agree that I shall be solely responsible for payment for participating in the Program and even if my participation in the Program is a covered service under my health insurance plan, Harnett Health Betsy Johnson shall have no responsibility for filing any claims.
8. I understand and agree to follow the rules concerning my participation in the Program.

I declare that I have read, understood and agreed to the contents of this Informed Consent and Release Agreement in its entirety, that I have had the opportunity to ask questions, and that I have no questions that have not been answered to my full satisfaction.

Patient Name _____
Patient Signature _____
Date _____
Witness _____