



# Informed Consent Agreement

Thank you for choosing to use the facilities, services or programs of Fountain of Life Center. 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/We declare that I/we intend to use some or all of the activities, facilities, programs, and services offered by Fountain of Life Center and I/we understand that each person, (myself included), has a different capacity for participating in such activities, facilities, programs, and services. I am/We are aware that all activities, services, and programs are either educational, recreational or self-directed in nature. I/We assume full responsibility, during and after my/our choices to use or apply, at my/our own risk, any portion of the information or instruction I/we receive. I/We understand that part of the risk involved in undertaking any activity or program is relative to my/our state of fitness of health (physical, mental, or emotional) and to the awareness, care and skill with which I/we conduct myself/ourselves in that activity or program. I/We acknowledge that my/our choice to participate in any activity, service, and program of Fountain of Life Center brings with it, my/our assumption of those risks or results stemming from this choice and the fitness, health, awareness, care, and skill that I/we possess and use. I/We further understand that the activities, programs, and services offered by Fountain of Life Center are sometimes conducted by personnel who may not be licensed, certified, or registered instructors or professionals. We accept the fact that the skill and competencies of some employees and/or volunteers will vary according to their training and experience and that no claim is made to offer assessment or treatment of any mental or physical disease or condition by those who are not duly licensed, certified or registered and herein employed to provide such professional services.

I/We recognize that by participating in the activities, facilities, programs, and services offered by Fountain of Life Center, I/we may experience potential health risks including but not limited to transient light-headedness, abnormal blood pressure, chest discomfort, leg cramps, and nausea and that I/we assume willfully those risks. I/We acknowledge my/our obligation to immediately inform the nearest supervising employee of any pain, discomfort, fatigue or any other symptoms that I/we may suffer during and immediately after my/our participation. I/we understand that I/we may stop or delay my/our participation in any activity or procedure if I/we so desire and that I/we may also be requested to stop and rest by a supervising employee who observes any symptoms of distress or abnormal responses. I/We further understand that such supervising employees are in no way obligated to make such a request and will not be liable for failing to supervise or in any way monitor my activities, facilities, programs, and services offered by Fountain of Life Center at any time before or after my participation. I/we further understand that any answer or explanation offered is not meant to be construed as medical advice and I/we agree that I/we are responsible for verifying such advice with my doctor or other medical professionals.

I/We declare that I/we have read, understood and agreed to the contents of this informed consent agreement in its entirety.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Spouse Signature: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

## Parent/Guardian must sign for dependents (under 18 years)

Dependent: \_\_\_\_\_ Parent/Guardian Signature: \_\_\_\_\_

Dependent: \_\_\_\_\_ Parent/Guardian Signature: \_\_\_\_\_

Dependent: \_\_\_\_\_ Parent/Guardian Signature: \_\_\_\_\_

Dependent: \_\_\_\_\_ Parent/Guardian Signature: \_\_\_\_\_

Dependent: \_\_\_\_\_ Parent/Guardian Signature: \_\_\_\_\_

# Agreement & Release of Liability

1.- In consideration of gaining membership or being allowed to participate in the activities and programs of Fountain of Life Center and use its facilities, equipment in addition to the payment of any fees or charge, I/we DO HEREBY WAIVE, RELEASE AND FOREVER DISCHARGE Fountain of Life Center and its officers, agents, employees, representatives, successors or assigns and all others from any and all responsibilities or liability for injuries or damages resulting from my/our activities or my/our use of equipment or machinery arising out of my/our participation in any activities at Fountain of Life Center. I/We do hereby also release all of those mentioned and any others acting upon their behalf from any responsibility or liability for any injury or damage to myself/ourselves, including those caused by the negligent act or omission of those mentioned or others acting on their behalf in any way arising out of or connected with participation in any of those mentioned or others acting Fountain of Life Center.

Please initial: \_\_\_\_/\_\_\_\_

2. I/We understand and am aware that strength, feasibility, and aerobic exercise, including the use of equipment, is a potentially hazardous activity. I/We also understand the fitness activities involve a risk of injury and even death and that I am/we are voluntarily participating in these activities and using equipment with knowledge of the dangers involved. I/We hereby agree to expressly assume and accept any and all risks of injury or death.

Please initial: \_\_\_\_/\_\_\_\_

3. I/We do hereby further declare myself to be physically sound and suffering from no condition, impairment, disease, infirmity or other illness that would prevent my participation in any of the activities and programs of Fountain of Life Center or use of equipment except as hereinafter stated. I/we have decided to participate in activity and/or use of equipment with or without the approval of my physician and do hereby assume all responsibility for my/our participation and utilization of equipment in my/our activities.

Please initial: \_\_\_\_/\_\_\_\_

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Spouse Signature: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

## Parent/Guardian must sign for dependents (under 18 years)

Dependent: \_\_\_\_\_ Parent/Guardian Signature: \_\_\_\_\_

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Dependent: \_\_\_\_\_ Parent/Guardian Signature: \_\_\_\_\_

Dependent: \_\_\_\_\_ Parent/Guardian Signature: \_\_\_\_\_

Dependent: \_\_\_\_\_ Parent/Guardian Signature: \_\_\_\_\_