

# PARTICIPANT INFORMATION

Name: \_\_\_\_\_ Previous Member Y / N

Address: \_\_\_\_\_

City, State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Phone: (\_\_\_\_)\_\_\_\_-\_\_\_\_\_

Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_ Sex: M / F

E-Mail Address: \_\_\_\_\_ (for newsletter and facility updates)

Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: (\_\_\_\_)\_\_\_\_-\_\_\_\_\_

How did you hear about our facility? \_\_\_\_\_

## **RELEASE OF GOOD SAMARITAN HOSPITAL AND THE WELLNESS CENTER FROM LIABILITY**

I have applied for permission to use Good Samaritan Hospital's Wellness Center and participate in some or all of the facilities, activities, programs, and services offered within the Wellness Center. I understand that there are certain inherent risks involved with participation in any exercise program and/or the use of the Wellness Center equipment and facilities, and I have chosen to assume those risks.

My decision to use the Wellness Center and to engage in a program of exercise is entirely voluntary. I understand that the Wellness Center recommends, but does not require, that I consult my personal physician prior to engaging in any exercise program. I agree that I will not hold Good Samaritan Hospital, its subsidiaries, Board of Directors, employees and affiliates, including, but not limited to those persons who supervise the Wellness Center, liable for any and all claims, suits, losses, or related causes of action for damages, including, but not limited to, such claims that may result from any injury or death, accidental or otherwise, during, or arising from or in any way are attributable to my election not to consult my personal physician prior to beginning an exercise program.

Further, because my decision to use the Wellness Center is entirely voluntary and because I have chosen to assume the risks associated with my use of the equipment and facilities, I agree for myself, my heirs and personal representatives, that I will not hold Good Samaritan Hospital, its subsidiaries, Board of Directors, affiliates, and employees, including, but not limited to those persons who supervise the Wellness Center, liable for personal injuries or death, and loss of or damage to my property which may result from my use of the Wellness Center, except for injuries, or damage directly caused by willful misconduct of the officers, employees, or agents of the Wellness Center.

Participant Name: \_\_\_\_\_  
Please Print

Participant Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ (For participants under 19)  
Please Print

Parent/Guardian Signature: \_\_\_\_\_ (For participants under 19)

\*\*\*\*\*  
**STAFF USE ONLY**

**Membership ID Card #:** \_\_\_\_\_

**Staff Member:** \_\_\_\_\_ **Date:** \_\_\_\_\_