



Activity Agreement and Release of Liability

1. "In consideration of being allowed to participate in physical activity programs at any Asante facility, or offsite in participation of a physical challenge, in addition to the payment of any fee or charge, I do hereby waive, release, and forever discharge Asante, its agents, employees, representatives, executors, and all others from any and all responsibilities or liability from injuries or damages, including death, resulting from my participation in any activities or my use of equipment or machinery, or outdoor activity in the above-mentioned activities. I, and any other person or persons, as heirs or otherwise, do also hereby release all of those mentioned and any others acting upon their behalf from any responsibility or liability for any injury, including death, 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 I chose to participate in. (Please initial ___)"
2. " I understand and am aware that strength, flexibility, and aerobic exercise, including the use of equipment, are potentially hazardous activities. I also 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 dangers involved. I hereby agree to expressly assume and accept any and all risks of injury or death. Further, I understand that my participation is voluntary and is outside my scope of employment with Asante or the Asante facility. Therefore, I would not be entitled to Workers Compensation coverage for any injury I may sustain, including death, due to participation in activities, or equipment that may be used.
(Please initial ___)"
3. "I 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 or use of equipment or machinery except as hereinafter stated. I do hereby acknowledge that it has been recommended that I have a yearly or more frequent physical examination and consultation with my physician as to physical activity, exercise, and use of exercise and training equipment so that I might have his or her recommendations concerning these fitness activities and equipment use. I acknowledge that I have either had a physical examination and have been given my physician's permission to participate, or that I have decided to participate in activity and use of equipment and machinery without the approval of my physician and do hereby assume all responsibility for my participation and activities, as well as the utilization of equipment and machinery in my activities. (Please initial ___)"

Date: _____ Signature: _____

Print Name: _____ Home Phone: _____

Address: _____ Emergency #: _____

City: _____ State: ____ Zip: _____ Entity: _____

Health Promotion Services healthpromotion@asante.org



Medical Release for Participation in Health Promotion Exercise Program

Name: _____

DOB: _____

Company: _____

Position: _____

- 1. [] Yes [] No Have you had a physical exam in the last 2 years?
2. [] Yes [] No Are there any new health problems that have developed since your last Physical Examination?

If yes, list:

- 3. [] Yes [] No Do you currently have any medical condition that would prevent you from participating in an exercise class?

If yes, list:

- 4. [] Yes [] No Do you have chest pain or shortness of breath with physical activity (walking, climbing stairs, etc.)?

- 5. [] Yes [] No Has your doctor informed you that you cannot participate in physical activity?

Patient signature: _____ Date: _____

PROVIDER USE ONLY

Weight: _____ Blood pressure: _____ Heart rate: _____

Waist Circumference: _____ Body Fat %: _____

Clearance: [] Yes [] No

Provider Signature: _____ Date: _____

Provider Name: _____ (please print)

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