



## INFORMED CONSENT AND RELEASE OF LIABILITY



### Informed Consent

I acknowledge that I have read and understand the information in the statement, "A Word About Our Fitness Testing" on the reverse side of this form. I understand that as a participant who is to be screened and given an exercise program in The Manufacturers Life Insurance Company USA's fitness program, I will be asked to undertake physical testing to measure my resting heart rate and blood pressure levels and my body composition. Should I choose to participate in a full fitness assessment, I will also undertake physical testing designed to measure some or all of the following: (1) flexibility; (2) muscular strength and endurance; and (3) changes in heart rate and blood pressure before, during and after an aerobic exercise test. I understand that a particular set of test results does not necessarily mean that I am: (1) fit; (2) unfit; or (3) benefiting from exercise. That judgment can only be made by my physician who has extensive training and the results of other tests from which to draw such a conclusion.

I am aware that the fitness testing given in connection with The Manufacturers Life Insurance Company USA's sponsorship of the program is for the purposes of (1) designing a personal exercise program and (2) providing information on conditioning levels compared to norms. I understand the fitness testing is not intended to replace medical screening I may require and that neither The Manufacturers Life Insurance Company USA nor Health Fitness Corporation (HFC) has concluded that the exercise program is medically appropriate for me. I understand that it is my responsibility to consult with my physician regarding my fitness program participation.

I understand that I will be questioned by the Schaumburg Corporate Fitness Center staff about my health status, and I agree to provide information relating to all medications, treatments, physical impediments, and medical conditions, before participating. I certify that the information I provide to the Fitness Center Staff about my health and exercise history and current health status is, to the best of my knowledge, complete and accurate, and **I agree and understand it is my responsibility to inform the Fitness Center Staff in the event of any change in my health or medical status.**

The information obtained during this program will be treated as privileged and confidential. It is not to be released or revealed without written consent, except to trained, authorized HFC personnel from the Fitness Center and to the referring physician or as may be required by law. If I become ill or injured and require emergency service assistance, I authorize disclosure of my health and medical information on file to the attending emergency assistance personnel. The information, however, may be used for statistical analysis, without naming or in any way attributing this information to a specific individual.

I understand that there are possibilities of injury or other complications, including but not limited to musculoskeletal injuries, cardiovascular trauma, neurological impairment, heart attack and even death, which may occur during such testing, while completing a recommended exercise program or while otherwise using The Manufacturers Life Insurance Company USA's fitness facility, or while participating in any health and fitness program activities, at and away from the fitness center. I voluntarily agree to submit to such testing procedures and to assume all risks associated with my participation in the health and fitness program. I understand and acknowledge that it is my responsibility not to exceed the guidelines established for me on my exercise program card and in other program materials.

I understand that use of the Fitness Center and participation in health and fitness program activities is strictly voluntary, is not required of employees of The Manufacturers Life Insurance Company USA, and that I may discontinue my participation at any time. I further understand that The Manufacturers Life Insurance Company USA may revoke my privileges to use the Fitness Center at any time, at its sole discretion. I agree to be considerate of other members, and to be bound by and obey **all the rules** of The Manufacturers Life Insurance Company USA, Health Fitness Corporation and the Fitness Center Staff in my use of the facilities and in my participation in the health and fitness program activities.

Initial \_\_\_\_\_

### **Release of Liability**

In consideration of being allowed to use The Manufacturers Life Insurance Company USA's exercise facility, being tested and given an exercise program, and being allowed to participate in program activities, I hereby release The Manufacturers Life Insurance Company USA and Health Fitness Corporation and their directors, officers, employees, agents, successors and assigns from any and all claims, demands, actions, or causes of action whatsoever, and from any and all liability for any loss or property damage or personal injury of any kind, nature, or description, including death, that may arise or be sustained by me, during or related to my participation in The Manufacturers Life Insurance Company USA's health and fitness program. This release shall be binding upon my heirs, administrators, executors and assigns.

I represent that I have read and understood this Informed Consent and Release of Liability and acknowledge that this release is being relied on by The Manufacturers Life Insurance Company USA and Health Fitness Corporation in permitting me to use the Fitness Center. I understand that at any time I may review this Informed Consent and Release of Liability by requesting a copy from the fitness center staff.

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Participant Signature

\_\_\_\_\_  
Staff Signature

\_\_\_\_\_  
Participant Name (please print)

\_\_\_\_\_  
Staff Name (please print)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

### **A Word About Our Fitness Testing**

The Health Fitness Corporation full fitness assessment and subsequent exercise program involves monitoring your pulse rate at rest and during activity. Some authorities feel that by watching changes in your resting and exercising pulse rates, one can judge some of the effects of a sustained program of exercise. There is data available which shows the ranges within which the performance of a large number of individuals fall.

Please do not ask the fitness professionals what the medical implications of the tests are for you as an individual. They are trained in the areas of fitness and health promotion and are neither trained nor qualified to either diagnose or prescribe treatment for medical conditions. Should you need or desire medical attention or advice on a medical condition, please consult with your personal physician.