



I, \_\_\_\_\_, intend to participate in some or all of the activities, facilities, programs, and services offered by LifeFit Wellness Center and I understand that each person has a different capacity for participating in such activities, facilities, programs, and services. I assume full responsibility during and after my participation, for my choices to use any of the equipment and services available to me, at my own risk. I also assume full responsibility for my choice to use or apply, at my own risk, any portion of the information or instruction that I may receive.

I understand that part of the risk involved in undertaking any fitness or health activity or program is relative to my own state of fitness and health (physical, mental, and/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 any activity, service, or program of LifeFit, even if my participation is suggested or encouraged by LifeFit, brings with it my assumption of those risks or results stemming from this choice and the fitness, health, awareness, care and skill that I have and use. I understand that my participation in any fitness or health activity at LifeFit is outside the scope of my employment and not an employment function of Beaufort Memorial Hospital

I recognize that by participating in the activities, facilities, program, and services offered by LifeFit, I may experience potential health risks such as, but not limited to, transient light-headedness, fainting, abnormal blood pressure, chest discomfort, leg cramps and nausea, and in rare cases heart attack, stroke, or death. I willfully and knowingly assume those risks. I acknowledge and understand that I have an obligation to immediately inform the nearest LifeFit employee of any pain, discomfort, fatigue, or any other symptoms that I may suffer during and immediately after my participation. I understand and am aware that fitness and health exercise and activities, including the use of equipment, are potentially hazardous activities and involve a risk of injury. I understand that I may stop or delay my participation in any activity or procedure if I desire and that I may also be requested to stop activities by a LifeFit employee who observes any symptoms of distress or abnormal response.

I authorize the LifeFit Wellness Center staff to perform the necessary ongoing tests and evaluations to assess my progress toward goals set forth during the initial evaluation. The results of any evaluation and/or tests will be provided directly to me. I understand that it is my responsibility, and not the responsibility of LifeFit Wellness to have the results of the evaluations and/or other tests reviewed by my physician or other healthcare provider to determine the meaning of the test results and to determine what further healthcare services I may need as a result of the evaluations and/or tests.

I hereby release and forever discharge LifeFit, BMH, its agents, employees, officers, directors, affiliates, successors and assigns from any and all claims, demands, causes of action, rights of action, suits, liabilities, expenses and damages of every kind, nature and description.

I acknowledge that I am not receiving treatment of any kind, nature or description, and that there is no hospital-patient or doctor-patient relationship between LifeFit and/or BMH and me as a result of these services. I further acknowledge that this Informed Consent, Medical Authorization and Release of Liability apply to any services that are provided to me at anytime by the LifeFit Program. I further acknowledge and declare that I have read, understood and agree to the contents of this Informed Consent, Medical Authorization and Release of Liability Agreement in its entirety.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_