



Participant Information

Name:	Date:	Date of Birth:
Address:	Home Phone:	Cell Phone:
City:	State:	Zip:
E-mail Address:		

Emergency Contact:

Name:	Relationship:
Home Phone:	Cell Phone:
E-mail Address:	

Please list below any health issues, injuries, or medications our staff should be aware of so our instructors can lead you in safe and effective workouts. ☐ None

Please read and sign the waiver on the other side of this form. This must be completed before you will be able to participate in activities at the Olmsted Medical Center's Sports Medicine and Athletic Performance facility.



Consent to Care and Treatment

I consent to the routine examination, treatment, testing, and other routine procedures which may be considered necessary and advisable by Olmsted Medical Center (OMC) staff, attending healthcare providers, referral healthcare providers and their assistants, and OMC designees. This will be done in collaboration between me and the therapist. I understand that care and treatment may involve sharing of protected health information during group therapy or would take place in an open setting where conversations with my therapist/provider may be overheard or observed by other patients and staff.

Physical Activity Training Consent

I understand that I am starting a physical activity program that is based on standard physical training principles. I have been told about the duration, frequency, and intensity that will make up this program. I understand that the program design has been decided by an in-depth evaluation of my current physical status and from the goals that I have stated. I realize that with any physical activity there are a certain risks, and as I begin this program, I assume those risks that are associated with standard physical training protocols. I understand that my feedback and communication are important to the training process.

I have been told that the determination of the program progression is based on physical indicators that are displayed during and after my performance and by my personal feedback. I am willing to begin this program and understand that I have a right to stop the program at any time.

Consent for Use of OMC-Approved, Non-Secure Web Applications

I understand that documentation of my participation with Olmsted Medical Center's sport and fitness programs may involve OMC staff utilizing approved, non-OMC sponsored software/apps/websites to provide this service for me. Through electronic documentation, my protected health information may be entered into these approved, non-OMC sponsored software/apps/websites, and OMC staff will only share information related to my participation. Additionally, I may be sent log-on information to non-OMC sponsored software/apps/websites in order to access my specific health-related information, and I agree to unencrypted e-mail communication with OMC about my participation.

Disclosure of Presence

I understand that during my visit in the facility my friends, family, or others may call to inquire about my presence at OMC. I authorize OMC to disclose information about my presence at the facility (but not my medical information) to anyone who may inquire about me by name.

Payment

I understand that my participation in this program is cash-based, and OMC will not submit information to my insurance company for my participation in this program.

Relationship with OMC Healthcare Provider

I understand that as a participant with Olmsted Medical Center's sport and fitness programs, my participation does not establish a patient-healthcare provider relationship with an OMC healthcare provider and documentation of my participation will not become part of OMC's legal health record.

Personal Effects and Valuables

I understand that OMC is not liable for the loss or damage of any personal effects or valuables.

Release of Liability

I acknowledge that use of the services, activities, and facilities of the Olmsted Medical Center Sports Medicine and Athletic Performance facility carries a risk of serious personal injury and/or death. As consideration for my being permitted to use the facilities and services, as well as participate in the activities of the Olmsted Medical Center Sports Medicine and Athletic Performance facility, I **expressly agree to assume all risk of serious injury and/or death**, and **to release** the Olmsted Medical Center Sports Medicine and Athletic Performance facility, its officers, directors, employees, agents, successors and assigns ("the Released Parties") from liability for injuries, damages or other loss caused by the **negligence or strict liability** of the Released Parties. I do not release them from liability for willful or intentional conduct or punitive damages. I also understand that this Release applies to each and every use I may make of the Olmsted Medical Center Sports Medicine and Athletic Performance facility and understand this applies to all family members including all dependent children. I have read this Release carefully and understand all of its terms and conditions.

I agree with the above terms voluntarily and without reservation.

Name of Participant (Printed)

Patient/Parent/Legal Guardian Signature

Date

Time