



AL'S GYM APPLICATION

Release and Waiver

In consideration of my participation in exercise programs conducted by Saint Alphonsus Regional Medical Center ("Saint Alphonsus"), at any of its locations, I hereby release, waive, and discharge Saint Alphonsus, its officers, colleagues, and agents from any and all claims or liability for any injury or illness that may result from my participation in these programs, even though that liability may arise from negligence or carelessness on the part of any other person. I further release Saint Alphonsus, its officers, colleagues, and agents from any claim whatsoever on account of first aid, treatment, or service rendered to me relating to my participation in these exercise programs.

I am aware of and accept all risks associated with exercise programs and the use of exercise equipment. I understand that it is my responsibility to obtain the approval of a physician before commencing with any exercise program and state now that I have done so. I hereby agree that all use of Saint Alphonsus fitness and exercise equipment is voluntary on my part.

I further state that I have carefully read this release and understand all its terms and contents. This release and waiver is binding upon myself and my spouse, legal representatives, heirs, beneficiaries, and assigns.

I sign and execute this release and waiver voluntarily and with full knowledge of its significance on _____, 20_____.

Name (please print)

Signature

Colleague Number

Department

Emergency Contact Name

Emergency Contact Phone

Submit completed applications to Michelle Stairs in Employee Health or email them to michelle.stairs@saintalphonsus.org

Questions? Contact Michelle Stairs at 541-524-7751