

BRIAN JORDAN/STEVE ATWATER
WELLNESS CENTER AT GRADY HEALTH SYSTEM
RELEASE, WAIVER OF LIABILITY AND COVENANT NOT TO SUE

The facilities and activity programs offered by the Brian Jordan/Steve Atwater Wellness Center, hereinafter referred to as the "Wellness Center", have been designed and established to provide an optimal level of beneficial exercise and enjoyment without compromising the health or safety of the members or guests who utilize the facilities or participate in the activities. However, due to the nature of the program made available at the Wellness Center, there are substantial risks of bodily injury, property damage, and other dangers associated with participation in facility activities or use of facility equipment.

I, the undersigned hereby acknowledge that I understand the risks, hazards, and dangers inherent in the use of the Wellness Center. I accept and assume all risks, hazard and dangers involved in my participation in activities at the Wellness Center.

I further acknowledge that I am solely responsible for any hospital or other costs arising out of any bodily injury or property damage sustained through my use of or participation in activities at the Wellness Center.

The undersigned hereby agrees that for the consideration of the Fulton- DeKalb Hospital Authority d/b/a Grady Health System d/b/a The Wellness Center allowing the undersigned to participation in voluntary use of or participation at the Wellness Center for any purpose, including, but not limited to observation, use of facilities or equipment or participation in classes, programs and activities sponsored by the Grady Health System, the undersigned, hereby releases, waives, & discharges The Fulton-DeKalb Hospital Authority d/b/a Grady Health System d/b/a the Wellness Center, its employees, officers, members and agents from any and all liability, claims, rights, demands, causes of actions, suits, damages, judgments of whatever kind or nature, arising out of known and unknown, foreseen and unforeseen bodily and personal injuries, damage to property, and the consequences thereof, including death, resulting from my voluntary participation in or in any way connected with said Wellness Center.

The Undersigned hereby certifies that he/she is 18 years of age or older (or a parent has signed below). Further the undersigned states that he/she has carefully read and voluntarily signs the Release, Waiver of Liability and Covenant Not to Sue.

IN WITNESS THEREOF, I have hereunto set my hand and seal this _____ day of _____ 20 ____.

Participant's Signature

Witness's Signature

Participant's Name (Please Print)

Witness's Name (Please Print)

Parent/Guardian (if participant is under 18)

Date _____

Thank you for taking the time to complete this questionnaire. The information you provide may be useful to our staff in the event of a medical emergency or should our staff need to assist you in any way. All information contained herein is strictly confidential.

Last Name: _____ First Name: _____

Sex: M _____ F _____ Birth Date: _____ SS#(last 4 digits) _____

Street Address: _____

City/State _____

ZIP Code: _____

Home Number: _____

Work Number: _____ Department: _____

Email address _____

Name of person to contact in case of emergency: _____

Relationship to you: _____

Phone Numbers: _____

Primary Care Physician: _____ Phone: _____

RULES & REGULATIONS

1. All staff members are welcome to join and utilize the fitness center once all paperwork has been filled out and approved by Human Resources.
2. Smoking is not permitted in any part of the facility.
3. Food and drink, other than water, are prohibited, except where indicated
4. Profanity, unnecessary shouting and unnecessary contact that can lead to bodily harm are prohibited and are grounds for suspension from the exercise facility. If a formal complaint is documented, the parties involved are subject to review and termination of privileges may result.
5. Abuse or misuse of equipment will result in termination of privileges.
6. Proper exercise attire is required at all times when using fitness center
7. Lockers are for day use only. Please remove your belongings from the locker when you exit the facility.

Signature: _____ Date: _____

Access Card #: _____

STAFF USE ONLY

Access Card Activated: _____ HR Representative initials: _____

Return completed form to:

LaTosha Haythe, Employee Health and Wellness Services 15th floor Main Grady (404) 616-4600.

WORKOUT RULES

1. Feel free to bring water bottles into the gym, but please leave all other food and drinks outside the workout area.
2. If people are waiting, please limit your use of the cardiovascular equipment to a maximum of 30 minutes.
3. Please keep your bags in the lockers and outside of the workout areas.
4. Please bring a towel and wipe equipment dry after use.
5. Trash should be placed in trash receptacles when finished.
6. Absolutely no street attire allowed while working out.
7. Please do not allow anyone to enter the gym using your access card.

Return completed form to:

LaTosha Haythe, Employee Health and Wellness Services 15th floor Main Grady (404) 616-4600.