

ST. LUKE'S FITNESS & SPORTS PERFORMANCE CENTER

GUEST CONSENT AND RELEASE FORM

GUEST INFORMATION: *please print carefully*

Name: _____ Phone Number: _____

Address: _____

City _____ ST _____ Zip _____

Email Address: _____ Date of Birth _____

By providing your email address, you agree to receive promotional emails from St. Luke's Fitness & Sports Performance Center.

Emergency Contact: _____ Relationship: _____

Primary Phone Number: _____ Secondary Phone Number: _____

- I, the undersigned, voluntarily desire to participate in the exercise program at St. Luke's Fitness & Sports Performance Center. I understand that there is no physician present during the exercise program. I understand that the program of exercise will put an increased workload on my cardiopulmonary, skeletal and muscular systems. Although medical emergencies are rare, I realize that medical emergencies and complications are possible. I, the undersigned, am accepting these risks prior to engaging in an exercise program.
- I have been advised to have a complete medical evaluation so that I may more safely start my exercise program. I consent to and permit emergency medical treatment in the event of illness or injury, including transportation to a medical facility, and will be responsible for any and all related costs.
- I understand that the extent of cardiopulmonary improvement resulting from exercise training depends on many factors and that no prediction or guarantee can be made about the level of benefit, if any, I will experience.
- **I assume all risks of my involvement in an exercise program at St. Luke's Fitness & Sports Performance Center. I agree that I, my heirs, executors, administrators, assignees and personal representatives, release and forever discharge St. Luke's University Health Network, and each of its subsidiaries and affiliates and their employees, agents, officers, directors and trustees, individually and collectively, from and against any liability, claims, damages, suits, fees, or expenses, including claims for death, personal injury and/or property loss, that I may have arising out of or resulting from my participation in an exercise program at St. Luke's Fitness & Sports Performance Center.**
- I hereby consent and authorize St. Luke's University Health Network and its affiliates (the "Network") and or _____ (the "Media") to take photographs of me and interview me, and to make video and/or audio recordings of me (the "Material").
- I authorize the Material to be used or disclosed for any and all purposes relating to the promotion of the Network and its services, patient education, discussion of newsworthy topics, community reports, donor materials, or otherwise, whether appearing in newsletters, web pages, forums, advertising, publications, displays, written or audio media releases, or other formats.
- I understand that I can ask that any photography, recording, or interview be stopped at any time.
- I understand that I have no right to inspect or approve the advertisements, articles, reports, or other documents or displays whether visual or audio) in which my Material may be used. However, I understand that the Network and the Media will use the Material in good taste.
- I understand that the Material will be the property of the Network or the Media. I waive any and all rights I may have in the Material. I understand and agree that I will not receive any compensation in any form from the Network or its affiliates, the Media, or from any other source as a result of allowing the Material to be taken, used, disclosed, or distributed.
- I irrevocably release the Network, its employees and agents, and the Media from any and all liability arising from or collected with the taking, use, disclosure and distribution by the Network of the Material.
- I have been given the opportunity to ask questions, all of which have been answered to my satisfaction.
- I understand the terms of this Consent and Release, I certify that I am 18 years of age or older or that I am the legal guardian of the above named minor child and I understand the terms and meaning of this Consent and Release.

Signature: _____ Date: _____

OFFICE USE ONLY

Daily Guest Pass Class Guest Pass _____ Weekly Guest Pass Family Free Days

Guest Pass Date(s): _____ Sponsoring Member: _____