



### **Community Wellness Fit For Living**

In consideration of the opportunity to participate in the CalvertHealth Medical Center's Fit For Life, I hereby fully release and forever discharge CalvertHealth Medical Center and all of its agents, servants, employees and instructors from any and all claims, actions, causes of action (current and future), and all actual or potential damages of any nature whatsoever that I may incur as a result of injuries that I may sustain through my use of the virtual exercise classes through Community Wellness.

Furthermore, I acknowledge the following to be true:

- I agree to limit my level of exercise to that level of activity that is consistent with my physical condition and physical abilities at that time of the activity.
- I agree to indemnify and hold harmless CalvertHealth Medical Center for any claims, liabilities and/or damages, and any lawsuits or other proceedings including attorney's fees, costs, and expenses incurred in defending any such claims, lawsuits or proceedings that are related in any way to my participation in the Community Wellness Fit For Life program.
- I understand that I will not be able to participate in the Community Wellness Fit For Life program without the execution of this indemnity, Waiver and Release form.
- I understand that before initiating any exercise program it is recommended that I consult with my physician to ensure that I am capable of undertaking such a program.
- I understand that my physician has referred me to the Community Wellness Fit For Life program and has executed a Fit For Life program form outlining any restrictions, limitations and possible medication side effects for me in the context of participating in the Community Wellness Fit For Life program. In addition to this information from my physician I confirm that I have provided the Fit For Living program employees and/or instructors with information regarding issues relating to my physical and medical condition that I believe to be important to my safe participation in this program.

- I am aware and fully understand that for my safety and wellbeing, I will notify the Fit For Life staff of any new medical conditions, surgeries, medications, or changes in exercise tolerance. I will obtain a new updated physician consent form prior to reinitiating any exercise program with Fit For Life.
- I understand that as a participant in the Community Wellness Fit For Life program I will be orientated to all fitness equipment during my first scheduled workout.
- I understand that under no circumstance am I to use the free weights or the nautilus stations without proper demonstration and instruction by a Community Wellness staff member.
- I understand and agree that CalvertHealth Medical Center is not responsible for any lost, stolen, or damage to personal belongings brought to the Fit For Life program.
- I agree to follow all rules attached to this agreement, and, any additional rules that are posted.
- I understand the Fit For Life is a non-funded Program offered through the Community Wellness department at Calvert Health Medical Center to support the community. There is a \$65 monthly fee regardless of the number of days I attend.
- I understand and agree that if I have a medical or physical condition that may be affected by participating in the Fit For Life program, I will not use or participate in the Fit For Life program in any way that my physician does not advise or approve.

**I HAVE READ THE FOREGOING INDEMNITY, RELEASE AND WAIVER FORM, I FULLY UNDERSTAND IT, AND AGREE TO ITS TERMS. I UNDERSTAND THAT THIS IS A LEGALLY BINDING AGREEMENT.**