

Personal Information

Participant's Name

Phone

Participant's Address

(hereinafter referred to as "Participant"), as consideration for permission to use the facilities of Daniel Drake Center, for Post-Acute Care, 151 West Galbraith Road, Cincinnati, Ohio 45216 (hereinafter "Daniel Drake Center") as a participant in Aquatic/Wellness/Pilates and/or other program activities, represents and agrees as follows:

1. I will comply with the rules and regulations governing the use of Daniel Drake Center's facilities, and I will comply with the directions of Daniel Drake Center's staff in the use of the facilities.
2. I understand that Aquatic/Wellness/Pilates exercise programs can be strenuous activities and may be hazardous. I am physically capable of undertaking fitness activities. I am under no doctor's order or other restriction, which would prevent me from undertaking such activities. I understand that I should consult with my doctor prior to undertaking any program of physical exercise.
3. I hereby consent to the provision of life-saving treatment(s) to me by Daniel Drake Center.
4. I assume all risks of using the Daniel Drake Center facility for myself and my heirs, estate, and legal representatives, I hereby release and indemnify Daniel Drake Center, Inc., its affiliates, officers, trustees, agents, employees, representatives, successors, and assigns, from any and all claims of whatever nature arising from death, personal injury, or property damage related to my use of Daniel Drake Center's facilities or my participation in activities at the facility. This release shall remain in full force and effect for whatever period I continue to use Daniel Drake Center's facility.
5. I understand that I am to use only equipment prescribed and authorized by my therapist.
6. I understand that current outpatient clients and therapists have priority of use of equipment and that I am willing to wait until the desired equipment is available.
7. I understand that I am to utilize all equipment safely and appropriately and if I am observed using equipment incorrectly, I may be terminated from the program.
8. Understanding the above, I have freely and voluntarily signed this agreement.

Signature of Participant/Patient

Date

If participant is unable to sign, please indicate reason below:

- Participant is a minor under 18 years of age.
- Participant is physically unable to sign.
- Participant is mentally unable to sign.
- Other reason _____

Signature of Participant's Representative (if Participant is unable to sign)

Date

Relationship to Patient

Witness

Date

In case of emergency, contact: _____

Name

Phone