

COMMUNITY PROGRAM PARTICIPANT WAIVER

If my application for the South Shore Hospital Center for Physical Wellness Community Exercise Program is accepted, I understand and agree that neither South Shore Hospital, nor its respective chapters, officers, directors, employees, agents, members or volunteers shall assume or have any responsibility or liability for expenses and medical treatment or for compensation for any injury I currently have or I may incur as a result of my participation in the program.

All program participants:

Please inform us of any change in medical status before class participation, including:

- Pain or difficulty with exercise
- Changes to medication or health status

Pool participants:

- Please go directly to the pool (inside South Shore Hospital) and check in with staff for your program.
- Please bring your own towel.
- Lockers are available. Please bring your own lock, as we are not responsible for any personal items.
- Please wear footwear to and from the pool deck.
- Please refrain from wearing strong fragrances and rinse off in our showers prior to entering the pool.
- Please inform staff of any open wounds prior to entering the pool.

I understand that the Program is not a therapy program. The Program is not medical treatment nor should it substitute for proper medical treatment. I also acknowledge that I am required to seek consultation from my physician about whether I can safely participate in this Program and whether there are any precautions or limitations to my participation. I give permission to my physician to complete the Physician Clearance form. The Physician Clearance form, Participant Waiver and Health History forms must be completed prior to my participation in the Program.

Payment is due the first week of each month. Checks and credit cards accepted. Check payments should be made out to South Shore Hospital. If you are paying by credit card, please call the Community Programs Receptionist at 781-624-4367 to process payment.

The Center reserves the right to limit participation of individuals when criteria is not met or the safety of participants, staff, or other group members is compromised.

Participant Name (print): _____

Participant Signature: _____ **Date:** _____