

MINOR POOLS & FITNESS FACILITY MEMBERSHIP APPLICATION



DATE: _____ PARTICIPANT NAME (please print): _____ DOB: _____

MAILING ADDRESS (include city/town, State, and ZIP)

PHONE #: _____ (may be used for closure alerts) PARENT/GUARDIAN RFGH ID#: _____

PARENT/GUARDIAN NAME: _____ EMAIL: _____

EMERGENCY CONTACT: _____ PHONE: _____

* All information is kept strictly confidential and available only to RFGH.

PARENT/GUARDIAN LIABILITY WAIVER AND RELEASE OF CLAIMS

Please read this form carefully and be aware that the execution of this document will waive and release all claims for injuries your child may sustain while using our equipment/facilities and/or participating in an exercise program.

In consideration of my child's participation and use of the facilities offered, I release and discharge and hereby hold harmless Redington Fairview General Hospital (RFGH), and its directors, officers, agents, contractors, and employees from any and all claims, demands, damages, rights of action or causes of action, present or future, arising out of or connected with my use of the facilities and participation in any exercise program, including any injuries resulting therefrom. **THIS WAIVER AND RELEASE IS INTENDED TO AND DOES RELEASE RFGH FROM, WITHOUT LIMITATION, ANY AND ALL LIABILITY FOR DAMAGES OR INJURIES ON ACCOUNT OF OR IN ANY WAY RELATED TO OR GROWING OUT OF MY NEGLIGENCE, THE NEGLIGENCE OF THIRD PARTIES, AND THE NEGLIGENCE OF RFGH.** I understand that by signing this form, I am waiving my rights to all claims for injuries and damages I or my child might sustain as a result of or relating to his/her participation in an exercise program or use of the facility and I agree to indemnify, hold harmless and defend RFGH for all such claims and damages.

I recognize and acknowledge that there are certain risks of physical injury to participants and damage to or loss of personal property from the use of the services and facilities offered by RFGH at the Rehabilitation and Fitness Facility and participation in the exercise programs offered. I fully agree to assume the risk and responsibility of any such injuries, damages, or loss regardless of severity which my child may sustain as a result of said activities. I understand that it is my responsibility to consult with my child's physician with respect to engaging in physical activities. I further represent that my child is in such physical condition as to accept and tolerate the level of physical activity involved, and to the best of my knowledge my child has no disease, physical limitation, health concern or injury that would be aggravated or would be the cause of any injury sustained, before, during or as a result of my child participating in exercise activities.

In the event of any emergency, I authorize RFGH, without liability and in its sole and absolute discretion, to secure emergency assistance from any licensed hospital, physician, and/or medical or rescue personnel for any treatment or services deemed reasonable and necessary for my child's immediate care and agree that I will be responsible for payment of any and all such medical, professional and emergency services and assistance.

I have been provided a written copy of the "Pools & Facility Safety Guidelines" and have read and understand them; as well as agree for me and my child to abide by them.

PARTICIPANT'S NAME (print): _____ **PARTICIPANT'S DOB:** _____

NAME OF PARENT OR GUARDIAN of participant (print): _____

PARENT/GUARDIAN SIGNATURE: _____ **DATE:** _____

AQUATIC EXERCISE CONSENT



POOL TEMPERATURE PRECAUTIONS:

Our **aquatic therapy pool ranges between 90 and 94 degrees**. These temperatures provide warmth and relaxation for low-level activity such as physical therapy. However, at such high temperatures, when combined with hydrostatic pressure of water, body temperatures can increase. Therefore, **higher levels of physical activity are not recommended** in the therapy pool.

Individuals with the following conditions may also be subject to an elevated risk within the aquatic therapy pool environment.

Please consult with your physician if you have any of the following:

- | | | |
|--------------------------------|------------------------------|-----------------------------|
| -High/low blood pressure | -Epilepsy/seizure disorders | -Asthma/breathing issues |
| -Cardiac conditions | -Immune-deficiency syndromes | -Diabetes or sensitive skin |
| -Active chemotherapy/radiation | -Multiple Sclerosis | -Pregnancy |

Our **lap pool is heated to between 80 and 84 degrees**. This temperature range is ideal for moderate to high-level activities such as sports rehab, swimming, water walking, water aerobics, etc. However, this **temperature range is not recommended for the following populations or individuals with the following conditions**, as the body could become too cool due to low functional ability/level.

- | | | |
|-------------------------------|-----------------------|----------------------------|
| -Acute arthritis | -Acute fibromyalgia | -Spastic muscle conditions |
| -Young children (0-12 months) | -Frail & low body fat | |

GENERAL CONTRA-INDICATIONS TO AQUATIC EXERCISE

The following health conditions are **contra-indications for aquatic therapy** and related exercise in water. For safety reasons, participation **should be postponed until the condition is resolved**. These include:

-Blood pressure(>180/102 or <105/65)	-Intoxication	-Exercise intolerance
-Unstable angina	-Vomiting/flu symptoms	-Urinary tract infection
-Fever higher than 100 F	-Incontinence	-Open/draining wound or surgical sites
-Abnormal heart rhythms	-Severe kidney dysfunction	-Unstable blood sugar (>250 or <90)
-Parasites (bed bugs, scabies, lice)		

CHLORINE SENSITIVITY

Chlorine is used to sanitize our pools. It is a chemical and some people are sensitive to it. There is a slight chance that an individual may develop skin sensitivity to the chemicals. By initialing and signing below, I acknowledge and assume the risk of any skin sensitivity I might experience during participation in aquatic therapy or fitness program.

PARTICIPANT'S NAME (print): _____ **PARTICIPANT'S DOB:** _____

NAME OF PARENT OR GUARDIAN of participant (print): _____

PARENT/GUARDIAN SIGNATURE: _____ **DATE:** _____

1. Though we welcome community membership and participation in our various pool programs, this facility's primary role is to support the rehabilitation programs of RFGH. There are periods each day and throughout the week when the pools and weight room are reserved for patient therapy use or group activity. We ask all community patrons and visitors to respect the privacy and personal boundaries of other patrons and therapy patients.
2. Refrain from pool and fitness center use if experiencing any of the contraindications listed in the previous aquatic consent. If you have respiratory symptoms or have tested positive for COVID-19, please check with your primary care provider before visiting the facility. Any person suspected of being under the influence of alcohol or drugs is prohibited from entering the pools.
3. **STATE LAW** requires showering with soap and water **BEFORE entering the pools**. Use of the toilets before entering the pools is recommended. The **BUREAU OF HEALTH** rules for public pool facilities "strictly prohibit urinating, fecal matter, expectorating or blowing the nose in any pool. Infants and children, not toilet trained, shall wear swim diapers and approved rubber pants while in the pool." *Pools may be shut down for a 24 hour period when contaminated.*
4. We encourage patrons and patients to wear footwear, necessary orthotics, and use your walking device while in the pool area. If possible, wear shoes that have not been worn outside or use the provided shoe covers in the hallway. Pool staff would be happy to assist you with shoe cover placement.
5. Pool floors are slippery when wet. Please use handrails, keep your eyes forward and use caution when walking.
6. We require all visitors and members pre-register before coming to the pools. Patrons may reserve one 50-minute block of time in either pool per day. However, upon the conclusion of a reservation time, if there is an open reservation slot, patrons may request a continuance of time. Therapy patients are already considered pre-registered and need not make additional reservations.
7. Adult supervision is required at all times for all children under the age of 15 – this includes the locker room and weight room. *For the privacy of everyone we ask parents/guardians wishing to bring children of the opposite gender into the locker rooms to use the "family changing" room.*
8. Please leave valuables at home or in your car. We are not responsible for your personal items. There is no overnight storage of personal items for therapy clients or the public.
9. No diving or jumping in off the sides in either pool is allowed. The ladder in the deep end of the therapy pool is for emergency use only.
10. Pools are evacuated during thunderstorms; showering is not allowed during storms. Re-entrance is allowed after 30 minutes of no thunder or lightning activity.
11. For the safety of our patrons, RFGH determines whether the presence of any person in the facility or on hospital grounds poses a threat to the well-being of our patrons, to RFGH property or the operation of the facility. If such determination is made, RFGH reserves the right to refuse such person entry and/or facility use. This includes persons acting in an unsafe or objectionable manner or who are determined to be loitering.
12. **There is always a lifeguard on duty during regular pool hours who is authorized to enforce safety rules and guidelines stated above.**

I have read and understand, and agree to abide by the guidelines listed above.

PARTICIPANT'S NAME (print): _____ **PARTICIPANT'S DOB:** _____

NAME OF PARENT OR GUARDIAN of participant (print): _____

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