



CENTER FOR HEALTH AND WELLNESS

Consent and Liability Waiver

I agree to participate in a personal or group fitness program that may include a) the use of treadmills, stationary bicycles, step machines, and rowing machines; b) strength building exercises including the use of free weights and weight machines; c) graded sub-maximal exercise testing, strength, and flexibility testing, and d) group fitness and wellness programs. Depending on my health status, a staff member may check my blood pressure and heart rate during these sessions to adjust my exercise level. I understand that during the fitness activities the instructor may touch or move my body to check my physical reactions to certain exercises, and to help me use proper form. I consent to physical contact for these reasons.

I have read and understand the membership rules and agree to abide by them and have answered all of the above questions to the best of my knowledge. I understand and have been informed that there exists the remote possibility of physical risks during exercise including abnormal blood pressure, fainting, dizziness, change of heart rhythm; in rare instances heart attack, stroke, and even death.

I further understand and I have been informed that there exists the risk of bodily injury including, but not limited to injuries to muscles, ligaments, tendons, and joints of the body. I fully understand the risks associated with exercise, including the risk of bodily injury, heart attack, stroke, or even death, but knowing these risks, it is my desire to participate as herein indicated. I understand I should stop exercising immediately if I experience any unusual discomfort, breathing difficulty, or pain.

In consideration of my voluntary participation in physical activity and wellness programs, I hereby waive my right for financial claim against AdventHealth Daytona Beach and the Center for Health and Wellness, its employees, the exercise instructors, support staff, managers, or any other agents for any injuries or damage, which I might experience as a result of my use of equipment or participation in physical activity and exercise programs.

Member affirms, acknowledges and attests that Member's mailing address, telephone number, and e-mail address provided on the face of this agreement are accurate and were provided by Member voluntarily. Subject to applicable law. Member agrees that AdventHealth Daytona Beach Center for Health and Wellness and ABC Financial Services, Inc., including its agents and affiliates, may contact Member at any mailing address, phone number or e-mail address set forth on the face of this agreement, or subsequently provided by Member to AdventHealth Daytona Beach Center for Health and Wellness and/or ABC Financial Services, Inc.

Print Name: _____ Date: _____

Signature: _____

Parental Signature (required for participant under age 18): _____

The Federal Equal Credit Opportunity Act prohibits creditors from discriminating against credit applicants on the basis of sex or marital status. The agency that administers compliance with the law is the Federal Trade Commission, Equal Credit Opportunity, Washington, D.C. 20580.

FOR ALL BILLING INQUIRIES, PLEASE CALL ABC FINANCIAL AT: 1-888-827-9262
www.abcfinal.com