



500 N. Highland Ave, Sherman TX 75092
Phone: (903)870-4403 / Fax: (903) 771-0170/ efax: wnjrehab@wnj.org

Senior Passport Informed Consent for Exercise

I desire to engage voluntarily in the Senior Passport Gym program in order to improve my physical fitness. I have been referred by my physician, Dr. _____. I have had an evaluation by my physician. The purpose of this evaluation is to detect any condition that would indicate that I should not engage in this exercise program.

I have read this form and understand that there are inherent risks associated with any physical activity and recognize it is my responsibility to provide accurate and complete health/medical history information. Furthermore, it is my responsibility to monitor my individual physical performance during any activity. Any questions have been answered to my satisfaction.

In the event of a medical problem, I further recognize that any medical care that may be required is my personal financial responsibility. I hereby release, discharge, and hold harmless Wilson N. Jones Regional Medical Center, their employees, agents, officers, directors, assignees, and successors as a result of my participation in the Senior Passport Program which includes the instruction and the use of the exercise equipment.

This consent is intended to release Wilson N. Jones Regional Medical Center from any and all claims and damages resulting from employee, agent, officers, directors, assignees, and successor's negligent acts or omissions.

I also agree to only use the equipment when the gym is supervised (never use the equipment alone) and will only use equipment during posted hours. I also acknowledge that therapy patients have priority use of gym equipment.

Printed Name of Member: _____

Member Signature: _____ **Date:** _____



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Senior Passport Gym Membership Registration Information

Name: _____

Date of Birth: _____

Mailing Address: _____

City: _____

State: _____

Zip: _____

Phone number: _____

Email: _____

Emergency Contact & Phone #: _____

WNIJ staff completes below ↓↓↓↓

Paid: **Cash** **Check #** _____ **Credit Card**

Date of Senior Passport Registration: _____