

Engage Wellness Program Guest Questionnaire and Release

Date: _____

Last Name First Name Middle Initial

Address City State Zip

Male Female Age: _____ Birth Date: ____/____/____

Emergency Contact Phone Number Relationship

1. Do you currently have or have you had any medical condition which may impact your ability to participate in the Program?

No Yes (please explain) _____

2. Do you currently have or have you had any musculoskeletal conditions (i.e. arthritis, osteoporosis, etc.) which may impact your ability to participate in the Program?

No Yes (please explain) _____

3. Do you currently have or have you had any neurological conditions (i.e. lightheadedness/dizziness, balance problems, etc.) which may impact your ability to participate in the Program?

No Yes (please explain) _____

4. Has a physician restricted your activities or do you currently have a condition that would affect your ability to perform strenuous exercise or otherwise participate in the Program?

No Yes (please explain) _____

CERTIFICATION, WAIVER AND RELEASE

The information I have provided on the health/medical questionnaire is true and correct, to the best of my knowledge. I have no additional health/medical information that should be brought to the attention of the Engage Wellness staff.

I have been advised to obtain physician authorization prior to participating in any of the activities or programs offered by the University of Nebraska's Engage Wellness Program. I assume all risk associated with my decision to proceed without first obtaining a physician release.

In consideration of being allowed to participate in the activities and programs of the University of Nebraska Medical Center's Engage Wellness Program and to use its facilities, equipment and machinery in addition to the payment of any fee or charge, I do hereby waive, release and forever discharge the Board of Regents of the University of Nebraska and the University of Nebraska Medical Center and its directors, officers, agents, employees, representatives, successors and assigns, administrators, executors and affiliates (the "Program") from any and all responsibilities or liability from injuries or damages resulting from my participation in any activities or my use of equipment or machinery as part of any wellness program offering. I do also hereby release all of those mentioned and any others acting upon their behalf from any responsibility or liability for any injury or damage to myself, including those caused by a negligent act or omission or in any way arising out of or connected with my participation in any activities of the Engage Wellness Program or the use of any equipment, whether at the facility or in my home.

I understand and am aware that strength, flexibility and aerobic exercise, including the use of equipment are a potentially hazardous activity. I also understand that fitness activities involve the risk of injury and even death, and that I am voluntarily participating in these activities and using equipment and machinery with knowledge of the dangers involved. I hereby agree to expressly assume and accept any and all risks of injury or death.

I acknowledge that I have carefully read this waiver and release and fully understand that it is a release of liability. I am aware and agree that by executing this waiver and release, I am giving up any rights I may have to bring a legal action or assert a claim against the Program for its negligence, or for any defective product on its premises. I represent that I have the actual authority to, and do hereby enter into this agreement on my behalf. I have read and voluntarily signed this waiver and release and I further agree that no oral representations, statements or inducement apart from the foregoing written agreement have been made to me.

Participant's Signature: _____ Date: _____

Witness Signature: _____

Printed Witness Name: _____