

Optimus Health Center Inc.

102 East Commerce Court, Jefferson City, TN 37760
phone: (865) 475-3101 fax: (865) 475-9213

INFORMED CONSENT/LIABILITY WAIVER

General Statement of Objectives and Procedures:

I declare that I intend to use some or all of the facilities and activities offered by **Optimus Health Center, Inc** and I understand that each person, myself included, has a different capacity for participating in such activities, facilities, programs, and services. I am aware that all activities offered by **Optimus Health Center Inc.** are voluntary and are intended to be educational, recreational, and/or self-directed in nature. I assume full responsibility, during and after my participation, for my choices to use or apply, at my own risk, any portion of the facilities, activities, programs, services, or the information and/or instruction I receive. I understand that it is recommended that each person consult with his or her physician before starting any type of exercise program. Liability waiver is only revoked upon my request. Personal training by trainers not employed by Optimus Health Center, Inc. is not permitted.

Description of Potential Risks:

I understand that the reaction of the heart, lung, and blood vessel system to such exercise cannot always be predicted with accuracy. I know there is risk of certain abnormal changes occurring during or following exercise, which may include abnormalities of blood pressure or heart rate, ineffective functioning of the heart, and in rare instances, heart attack, stroke, or death. Use of the weight lifting equipment or engaging in heavy body calisthenics can lead to musculoskeletal strain, pain, and injury if adequate warm-up, gradual progression, and safety procedures are not followed. I understand that during non-business hours, of the Physical Therapy Department there may not be have trained staff on site, and during those times, I will be using the equipment and the facility at my own risk.

Description of Potential Benefits:

I understand that a program of regular exercise for the heart and lungs, muscles, and joints, has many associated benefits. They may include an increase in strength, a decrease in body fat, improvement in psychological function, and a decrease in risk of heart disease.

Conclusions:

I have read the foregoing information and understand it; any questions that may have occurred to me have been answered to my satisfaction. I understand that I am free to withdraw from this program at any time; if I do choose to withdraw/cancel my membership I understand that there is no monetary value on any time remaining in the agreement. No refunds shall be given due to negligence, health restrictions, moving of member or facility and any natural disaster, etc.

Payment Disclosures:

Payment is due in full at the time of the agreement. Family memberships are reserved for immediate families only. Regardless of attendance, memberships will not be extended for the type of membership paid. The daily/monthly/yearly rate charge is non-refundable and may not be used toward any other Optimus Health Center Inc. accounts.

PERSONAL HISTORY

Have you ever had?

Allergies	yes ___ no ___ unsure ___	Hepatitis	yes ___ no ___ unsure ___
Asthma	yes ___ no ___ unsure ___	High blood pressure	yes ___ no ___ unsure ___
Back Pain	yes ___ no ___ unsure ___	HIV/AIDS	yes ___ no ___ unsure ___
Blackouts	yes ___ no ___ unsure ___	Joint problems	yes ___ no ___ unsure ___
Cancer	yes ___ no ___ unsure ___	Leg cramps	yes ___ no ___ unsure ___
Convulsions	yes ___ no ___ unsure ___	Low blood pressure	yes ___ no ___ unsure ___
Depression	yes ___ no ___ unsure ___	Nervousness	yes ___ no ___ unsure ___
Diabetes	yes ___ no ___ unsure ___	Paralysis	yes ___ no ___ unsure ___
EKG abnormalities	yes ___ no ___ unsure ___	Recent surgery	yes ___ no ___ unsure ___
Emphysema	yes ___ no ___ unsure ___	Shortness of breath	yes ___ no ___ unsure ___
Gout	yes ___ no ___ unsure ___	Stroke	yes ___ no ___ unsure ___
Heart attack	yes ___ no ___ unsure ___	Tuberculosis	yes ___ no ___ unsure ___
Heart conditions	yes ___ no ___ unsure ___	Other serious health issues	yes ___ no ___ unsure ___

Printed Name of Participant (Prefix, First, Middle, Last)

Participant's Signature

Date

Address (Street, City, State, Zip)

Phone #

Date of Birth

Gender

Email Address

Parent or Guardian's Signature (minors only)

Date

Emergency Contact (Name and Phone #)

Optimus Health Center Staff Member's Signature

Date

Optimus Health Center Inc. is DBA St. Luke's Therapy Services of Jefferson City, is located at 102 East Commerce Court, Jefferson City, TN.