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## PATIENT WAIVER and POOL INFORMATION

If my application for the South Shore Hospital Center for Physical Wellness Community Exercise Program is accepted, I understand and agree that neither South Shore Hospital, nor its respective chapters, officers, directors, employees, agents, members or volunteers shall assume or have any responsibility or liability for expenses and medical treatment or for compensation for any injury I currently have or I may incur as a result of my participation in the program.

For all pool program participants, please review the information below:

- Please go directly to the pool and check in with staff for your program.
- We appreciate you bringing a towel.
- Lockers are available in our locker rooms. Please bring your own lock for as we are not responsible for any personal items.
- Please wear footwear to and from the pool deck.
- We ask that you rinse off in our showers prior to entering the pool.
- Please inform us of any change in medical status including open wounds prior to entering the pool.

I understand that the Program is not a therapy program. The Program is not medical treatment nor should it substitute for proper medical treatment. I also acknowledge that I am required to seek consultation from my physician about whether I can safely participate in this Program and whether there are any precautions or limitations to my participation. I give permission to my physician to complete the medical clearance form. The medical clearance form and health history form must be completed prior to my participation in the Program.

The Center reserves the right to limit participation of individuals when criteria are not met or the safety of participants, staff, or other group members is compromised.

Participant Name (print): \_\_\_\_\_

\_\_\_\_\_  
Participant Signature

\_\_\_\_\_  
Date