



ADAPTIVE SPORTS & FITNESS PROGRAM CONSENT, RELEASE, AND WAIVER OF LIABILITY

Please read this form carefully. By signing this agreement, you acknowledge that you have read and understand, and agree to obey all Shirley Ryan AbilityLab (“SRALab”) Adaptive Sports & Fitness Program (“Program”) Rules, and further agree to the waivers and releases set forth below for any and all claims for personal injuries and property loss or damage that you may sustain because of such use and/or participation in the Program.

I, _____, have voluntarily chosen to use the equipment and/or services, and to be a participant (“Participant”), in SRALab’s Program. I understand that SRALab may offer Programs in partnership with other organizations.

I understand that, as a Program Participant, I may have the opportunity to use various exercise equipment including, but not limited to, weights, stair machines, treadmills, stationary bicycles, pool accessories, specialized training pieces such as balance systems, Lokomat, and other devices. I understand that my use of such equipment is limited to participation in the Program, and that this equipment is not available for my personal use or for any purpose unrelated to Program participation. I also understand that I may have the opportunity to observe or participate in different fitness, sporting, and social activities and competitions including, but not limited to, group fitness classes, basketball, individual fitness sessions, golf, outdoor programs, powerlifting, quad rugby, sailing, sit volleyball, skiing, sled hockey, kayaking, softball, swimming, tennis, archery, rowing, cycling, and water skiing.

I understand that participating in fitness and sporting activities, and using exercise and sports equipment, poses a substantial risk of serious bodily injury including, but not limited to, heart attack, stroke, bone or joint injuries, back injuries, shin splints, muscular strain, or even death. I agree to assume full risk of any injury or damage that I may sustain because of my participation in Programs or activities occurring at, with, or sponsored by SRALab.

I understand and agree that I am solely responsible for determining whether I am physically fit enough and able to use the equipment and participate in the activities offered through the Program, and that making this determination may require me to consult with my physician. I acknowledge that any services I participate in as a Program Participant do not constitute health care services and are not provided by clinicians. I understand that no therapy (i.e., physical or occupational) will be included in my experience as a Program Participant. I understand that if there is any indication of injury, I should consult with a physician before undertaking any physical exercise program. I accept full responsibility if I do not comply with the recommendations of my physician or other medical care provider(s).

I understand that I may be required to provide formal medical clearance when requested by Program staff. I also understand that, in order to participate in any Program offered by SRALab, I must have a current, accurate medical form on file.

I understand that if any Program event takes place at a location other than the Fitness Center at 541 N Fairbanks, Chicago, Illinois 60611 (“Fitness Center”), transportation may be provided by SRALab through the use of its van (“Van”) or through a chartered transportation service (“Charter Service”). I understand that the Van will be driven by SRALab staff members, Program student interns, or volunteer Program coaches. I understand that the Charter Service will be provided by a professional transportation company under contract with SRALab, and that SRALab is not responsible in the event of an accident, personal injury, or property damage that occurs while I am being transported by the Charter Service.

In the event of an emergency while participating in any Program or activity, I authorize SRALab or any employee or agent of SRALab to secure from any licensed hospital, physician, paramedic, or other licensed medical personnel, any treatment deemed necessary for my immediate care, and I agree that I shall be solely responsible for payment of any such medical treatment or services. I further authorize SRALab or any employee or agent of SRALab to notify the person I have listed below as my emergency contact.

I fully release, waive, and relinquish all claims, demands, actions, or causes of action, known or unknown, which I may have against SRALab or any of SRALab's officers, directors, shareholders, agents, employees, heirs, and assigns, as a result of my participation in any Program or activity, including use of equipment, occurring at, offered by, sponsored by, or in partnership with SRALab.

I further agree to indemnify and hold harmless SRALab and SRALab's officers, directors, shareholders, agents, employees, heirs, and assigns from any and all claims resulting from any personal injuries or property damage sustained by me or arising out of, connected with, or in any way associated with my participation in any Program or activity, including use of equipment, occurring at, offered by, sponsored by, or in partnership with SRALab and any medical treatment provided to me by SRALab or its employees or agents.

I have read and fully understand this Consent, Release, and Waiver of Liability, and I have not changed it in any way (whether oral or written).

Participant Name (PRINT)

Signature

Date

ACKNOWLEDGMENT AND SIGNATURE OF PARENT/GUARDIAN

This is to certify that I, a parent/guardian with legal responsibility for this Participant, do consent and agree to their release as provided above of the Releasees, and, for myself, my heirs, assigns, and next of kin, I release and agree to indemnify and hold harmless the Releasees from any and all liabilities incident to the Participant's involvement or participation in these programs as provided above.

Signature of Parent/Guardian: _____

Printed Name of Parent/Guardian (if not signed by Participant): _____

Relationship to Participant /Date: _____/_____

Signature of Parent/Guardian: _____

Printed Name of Parent/Guardian (if not signed by Participant): _____

Relationship to Participant /Date: _____/_____

ADAPTIVE SPORTS & FITNESS PROGRAM RULES

General Program Rules

1. Participants may only use the Fitness Center for Program activities and under the supervision and/or instruction of Program staff.
2. Smoking, drug use, and alcohol use are strictly prohibited in the Fitness Center. Working out, exercising and/or participating in Programs under the influence of drugs or alcohol is also prohibited.
3. Threatening, violent, disrespectful, discriminatory, or inappropriate behavior is not tolerated.
4. Soliciting products, merchandise, or services to members is not allowed at any time.
5. Food and/or beverages, other than water, are not allowed in the Fitness Center.
6. Participants must wear appropriate clothing while participating in Programs.
7. Participants are to assist in maintaining the cleanliness of Program and Fitness Center facilities and equipment by cleaning up behind themselves.
8. Children under the age of sixteen (16) who are not registered for a Program are not allowed in the Fitness Center unaccompanied.
9. Personal belongings may not be left in the Fitness Center overnight. Locks are removed daily.
10. Participant is solely responsible for all personal property, equipment, and belongings. SRALab and the Program are not responsible for lost or stolen property.
11. The Fitness Center phones may only be used to confirm transportation. No personal calls are allowed.
12. In order to participate in Program events, Participants must be fully independent in Activities of Daily Living. Staff are not able to assist with general hygiene activities or other personal care needs. Staff may be able to minimally assist with transfers. Participants who need more than minimal assistance with transfers should have a caregiver accompany them to Program events.
13. Missed appointments and appointments that are canceled or rescheduled within twenty-four (24) hours of the scheduled appointment time are considered late cancellations, and appointment fees will not be refunded.

****Participants unable to follow these Rules may have Program privileges temporarily suspended or permanently revoked.**

Emergency Contact Information

Emergency Contact Name: _____

Relationship to Member/Participant: _____

Telephone Number: _____

Alternate Telephone Number: _____

I acknowledge and agree that I have read these rules (or had them read to me) and I will comply with them. I acknowledge and agree that my failure to comply with these rules may result in the temporary suspension or permanent revocation of my Program privileges.

Signature of Participant: _____

Date/Time of Signature: _____/_____

ACKNOWLEDGMENT AND SIGNATURE OF PARENT/GUARDIAN

This is to certify that I, a parent/guardian with legal responsibility for this Participant, do acknowledge and agree that I have read these rules (or had them read to me) and I will ensure that Participant complies with them. I acknowledge and agree that failure to comply with these rules may result in the temporary suspension or permanent revocation of Participant's Program privileges.

Signature of Participant or Parent/Guardian: _____

Date/Time of Signature: _____ / _____

Printed Name of Parent/Guardian (if not signed by Participant): _____

Relationship to Participant _____

Signature of Participant or Parent/Guardian: _____

Date/Time of Signature: _____ / _____

Printed Name of Parent/Guardian (if not signed by Participant): _____

Relationship to Participant _____