

Name:		Date of Birth:	
Address:		City	Zip
Home Phone:		Cell Phone:	
Email Address:			
Primary Care Physician:			Phone:
Emergency Contact:	Relation:	Phone:	

Can you swim well enough to save your own life? YES NO
 Have you participated in aquatic YES NO
 Physical therapy at MPMC before? If yes, name of therapist _____

Do you have any of the following conditions or limitations?
 Bowel/Bladder Control **GI Complications** **Open Wounds/Cuts**
 Diabetes **Epilepsy** **Seizure** **Dizziness**

ANY CHANGE IN THE CONDITIONS LISTED ABOVE, CAN CAUSE SERIOUS HEALTH RISKS TO YOURSELF OR OTHERS USING THE POOL. YOU MUST IMMEDIATELY NOTIFY THE LIFEGUARD IN THE EVENT OF A CHANGE.

AGREEMENT TO PARTICIPATE: MPMC INDEPENDENT AQUATICS

MEMBERSHIP RULES

- I voluntarily agree to participate in Mills Peninsula Medical Center independent aquatic programs. I am participating at my own risk. I agree to follow the pool rules and the recommendations of the pool staff. I further agree not to exceed these recommendations (see below).
- If not abiding by the rules and regulations, MPMC reserves the right to terminate a membership at will and you will be required to leave the facility.
- I acknowledge that I will not hold the hospital responsible for loss or damage of personal property.
- I acknowledge that I must be able to enter and exit the pool independently and shower/clothes independently or I will require to have an attendant with me before entering and exiting the pool.
- I acknowledge and agree to not conduct any personal business activities while I am participating in aquatic activities at the Mills Peninsula Medical Center pool. This includes, but is not limited to, swim lessons, coaching services, independent physical therapy services, or any other business whereby I am charging other pool members for services related, directly or indirectly, to aquatic activities at the Mills Peninsula Medical Center.

FINANCIAL RULES

- I acknowledge that payment is due on the 1st of every month. There is no pro-rating for any memberships purchased in the middle of the month. Members are required to pay in full for each month of pool use.
- To **suspend** (stop billing) your account due to an absence or illness, MPMC requires **5 days'** notice *prior* to the next billing cycle.
- Credit for the paid month will only be granted if advanced notice is given **5 days prior** to that month. No credit will be granted if the month has past and you wait to request for credit. If you pay for 6 or 12 months but do not use the facilities during the time paid for, no credit will be given unless notified 5 days prior to that particular month.
- Refunds of any sort will **NOT** be granted after **30 days** of purchase.
- The \$50 Pool Initiation/Orientation fee is **NOT** refundable.

RELEASE OF LIABILITY

- I understand that there can be risks involved in pool exercise including, but not limited to, hypotension, dizziness, skin reactions to water, falls, and drowning. I fully understand the risks and responsibilities of participating in the pool programs. Should any complications occur and I not have capacity, I consent to the medical treatment. During a medical emergency, I understand that an emergency call to 911 will be made.
- I have read this document completely and I understand its content fully and have had all my questions answered.
- I wish to use the Mills Peninsula Medical Center independent aquatics program to engage in certain water-related activities including swimming and other water-related activities. I understand and acknowledge that these activities pose certain risks of injuries, including (without limitation) musculoskeletal pain, light-headedness, cardiopulmonary complications, permanent paralysis, soreness, spinal injuries, brain damage, disabling injuries, or death.
- I am solely responsible for myself while utilizing the pool. This includes, but is not limited to, getting into and out of the pool, walking around the pool walkways, and activities in the locker room (including getting into and out of the shower and utilizing the shower). No wheelchairs or other ambulatory devices may be brought into the pool due to infection control and safety concerns. Even though lifeguards are on duty, they cannot prevent injuries in all cases. In the event I cannot safely move around the pool, get into and out of the pool, or shower completely independently, I am required to bring my own caregiver to provide assistance with these activities. I am responsible and may be liable for the acts or omissions of the caregiver.
- To the maximum extent permitted by law, I hereby fully indemnify and hold Mills-Peninsula Medical Center (and its directors, officers, employees, agents, affiliates, and insurers) harmless from any and all causes of action, claims, damages, demands, costs (including, but not limited to, attorney's fees), arising out of or related to my participation in and/or my utilization of the pool, including any such causes of action, claims, damages, demands, costs (including, but not limited to attorney's fees) arising out of or related to my caregiver's participation in and/or utilization of the pool.

POOL RULES

Pool Do's

- Always check in at reception desk.
- Always shower before entering the pool.
- Showers are for rinse only.
- Use hooks for personal articles at poolside.
- Put wet or dirty towels in the hamper.
- Keep pool deck clear at all times.
- Recommend wearing pool/water shoes to prevent slips.
- Use unisex locker room for patients and members who need assistance and are accompanied by an opposite sex caregiver.
- Bring your own lock to secure belongings in lockers.

Pool Don'ts

- No open wounds or cuts
- Incontinence
- Gastrointestinal distress (diarrhea, nausea, etc.)
- Clothing left in lockers overnight (will be removed after closing)
- Clothes or bags left on benches around pool.
- Food or glassware in the pool area
- Blocking of ramp or stairs once in the pool
- Use oils, lotions, colognes, powders or perfumes in locker or pool.
- Clip nails or shave in locker rooms/showers.
- Use showers or toilet stalls to change clothing.

Signature: _____

Print Name: _____

Date: _____