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## Be Well Program

### Consent and Waiver

The IU Health BMH Rehabilitation Services Be Well Program consists of exercise programs and classes, massage therapy, education programs, and aquatic exercises classes. This program is geared towards promoting socialization, community integration, and a healthy lifestyle.

The Sports Performance Program consists of strength, conditioning, flexibility, and agility training. The program is to help athletes of all ages achieve at their highest level.

I understand that while this programming may make positive contributions to my health, certain programming areas may be accompanied by the inherent risk of injury which may include but is not limited to muscle or joint injury, abnormal blood pressure and fainting.

I further understand that if at any time during my participation in this program I begin to experience fatigue, shortness of breath, light-headedness, chest discomfort, muscle or joint pain, I should decrease or stop the activity I am doing and immediately inform my instructor of my symptoms. Exercise or activity level that is non-routine for you can cause blood glucose levels to change. If you struggle to maintain blood glucose normal rate, it is advisable to bring your blood sugar monitor to the exercise class to keep track of changes in your blood glucose during exercise. If you have an inhaler, it is advisable to bring it to the exercise class. Please inform the instructor that you have these devices with you and will be using it during class.

I have read the above information, have consent from my physician (if needed), and have spoken to the Be Well Program instructor. I have a good understanding of the program benefits as well as the potential risks involved. I have been given an opportunity to ask questions regarding the program and its inherent risks and benefits. Any questions I asked were answered to my satisfaction. I acknowledge that I have read this document in its entirety or that it has been read to me. I consent to participate in the Be Well Program. I understand that Indiana University Health Ball Memorial Rehabilitation Services reserves the right to terminate the program at anytime by notice to participant. I understand that participation in the Be Well Program is at the sole discretion of the facility. I understand that there is a set fee for the programs and am aware of the costs. For Sports Performance: I understand that payment of any invoices is due within ten (10) days of the date thereof.

If during this class my physical health changes in regard to any of the listed or other conditions on my Information and History Questionnaire, I will notify my instructor immediately. By signing this form, I understand my responsibility in staying safe while exercising at Indiana University Health Ball Memorial Rehabilitation and informing my instructor in the event my health status changes.

Further I hereby agree to defend, hold harmless, indemnify, release and forever discharge IU Health BMH Rehabilitation Services located at 3300 W Community Dr., 3600 W. Bethel Avenue, or any other location that IU Health BMH Rehabilitation may hold Be Well Programs from and against all claims, demands and actions or causes of action, either legal or equitable, which may hereafter arise as a result of my participation in any exercise or activity of the Be Well Program.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent or Authorized Representative  
(if Minor Participant)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date