



**APPALACHIAN REGIONAL
HEALTHCARE SYSTEM**

Exercise Referral for:

Participant Name: _____

D.O.B: _____

Medical History: _____

Please check specific goals for this participant:

- | | | |
|--|--|---|
| <input type="checkbox"/> Improve strength | <input type="checkbox"/> Lose Weight | <input type="checkbox"/> Lower Blood Pressure |
| <input type="checkbox"/> Improve Flexibility | <input type="checkbox"/> Decrease Body Fat % | <input type="checkbox"/> Reduce Chronic Pain |
| <input type="checkbox"/> Reduce Stress | <input type="checkbox"/> Increase Energy Level | <input type="checkbox"/> Post Re-habilitation |
| <input type="checkbox"/> Other _____ | | |

This is a referral to exercise at the Paul H. Broyhill Wellness Center located in Boone, N.C. Member and Physician acknowledge, agree, and consent to all of the following: (A) Physical exercise and training can be a hazardous activity and, despite taking reasonable precautions, there are inherent risks, including but not limited to serious injury, permanent disability, disease (**e.g., COVID-19**), or in rare cases, even death. Furthermore, such risk may be due to not only your own actions, but also the action, inaction or negligence of others, the conditions of the premises, or of any of the equipment used. (B) By participating in physical exercise sessions or personal training activities, you do so entirely at your own risk. This includes, without limitation, (i) your use of all amenities and equipment provided by the Center and your participation in any activity, class, program, personal training or instruction, (ii) the sudden and unforeseen malfunctioning of any equipment, or (iii) an employee/trainer's instruction, supervision, guidance, or recommendations. (C) In consideration for use of the Center's facilities and equipment, you, for yourself, your heirs, legal representatives, and assigns do hereby voluntarily release, indemnify, hold harmless, waive, discharge, and covenant not to sue the Center, its corporate affiliates, trustees, directors, employees, volunteers, agents, successors, and assigns, from any and all causes of action, claims or demands, losses or costs (including attorneys' fees) of any nature whatsoever which relate to or arise out of the use of the Center's facilities or equipment, any training, exercise, instruction, recommendations, classes, or programs provided by the Center. The Center is committed to providing a safe and welcoming environment for all members and guests. **COVID-19 Protocols:** Upon entry all members will be required to have a non-contact temperature check. Pre-screening for members upon entry regarding COVID-19. Mask should be worn while in the building when not engaged in physical activity.

I approve participation at the Paul H. Broyhill Wellness Center without restrictions

I approve participation at the Paul H. Broyhill Wellness Center with the following restrictions: _____

Provider Name (Print): _____ Date: _____

Provider Signature: _____

Please Fax Form to The Wellness Center at (828) 266-1065