

FCPHD REHAB DEPARTMENT
Phone#: 509-775-8400 (call to schedule an orientation)

CONSENT for WELLNESS PROGRAM PARTICIPATION

GENERAL STATEMENT OF PROGRAM OBJECTIVES AND PROCEDURES:

I understand that a physical fitness program may include exercise to build the cardio respiratory system, the musculoskeletal system, and to improve body composition. Exercise may include aerobic activities (treadmill walking/jogging, bicycle riding, group aerobic activities, and other such activities), weight lifting to improve muscular strength and endurance, and flexibility exercises to improve range of motion in your joints.

DESCRIPTION OF POTENTIAL RISKS:

I understand that the reaction of the heart, lung, and blood vessel system to such exercises cannot always be predicted with accuracy. I know there is a risk of certain abnormal changes occurring during or following exercise which may include musculoskeletal strain, pain, and injury, abnormalities of blood pressure, heart rate, and in rare instances heart attack, stroke, and even death. I take responsibility for checking with my physician, if needed, before starting the program. The staff is trained in CPR and regularly practices emergency procedures. Equipment is inspected and maintained on a regular basis.

WAIVER OF LIABILITY:

I have read the proceeding information and understand it. I understand that I am free to withdraw from the physical fitness activities at any time without prejudice. Knowing the risk and discomforts that are possible with this physical fitness program, and having had an opportunity to ask questions that have been answered to my satisfaction, I consent to participate in this physical fitness program and agree not to hold Ferry County Public Hospital District #1 responsible for any injury resulting from this program. I have been instructed in proper use of all equipment available in the facility in order to be responsible for my own individual program, and agree to follow the rules and policies of the facility.

We thank you for taking the time to read through our policies. We hope you enjoy our facility and encourage you to ask questions or seek help when needed. We are ready to help you meet your individual fitness goals. Please sign and date below indicating you have read and understood this information and fitness policies.

Participants

Signature _____ **Date** _____

Instructors

Signature _____ **Date** _____

Rules and Policies for the Community Wellness Program:

- 1. Must be independent on all equipment after orientation. If unable to be independent must bring a caregiver to help assist. The gym is not always supervised and staff assistance is not always available.**
- 2. Must be instructed on use of equipment, proper exercise techniques and safety awareness before beginning the program.**
- 3. Must sign a release form and agree to comply with the rules and policies of the facility.**
- 4. If you have a history of heart disease or other medical condition that might affect your ability to exercise safely, it is YOUR RESPONSIBILITY to check with your medical provider on your status to participate in an exercise program.**
- 5. Must sign in on the sign in sheet every visit.**
- 6. No children under the age of 13 years old to be allowed on the equipment and 13-17 year olds must have a parent to supervise.**
- 7. Please wash hands before and after using gym equipment.**
- 8. Please use provided wipes to clean equipment after use.**
- 9. Please remove muddy shoes before entering the gym area and bring clean shoes to change into for exercising.**
- 10. Avoid banging the weights when using the exercise equipment and use the equipment for its intended use as instructed by the rehab department staff.**
- 11. Wear proper exercise clothing (men must wear shirts). A changing room with lockers is provided for storing shoes and clothing.**

- 12. Therapy patients may be using the equipment during the same time, so please be willing to give them first priority. If you are using a machine and a therapy staff member asks to use the machine, be willing to move to another piece of equipment and come back to that machine later.**
- 13. Transition into the wellness program will allow you to continue with the exercises that your therapist has recommended for you, after discharge from care. Transition into the wellness program must be used within 4 weeks following discharge from therapy and is free for the first month.**
- 14. You are responsible for monitoring your own exercise program. We will gladly instruct you on how to do this so that you don't injure yourself.**
- 15. You are responsible for providing your own towel.**
- 16. Be respectful to others exercising. Don't stay on one machine more than 15 minutes if someone else wants to use it.**

-Cost-

Single.....\$38/month

Couple.....\$50.50/month

Family.....\$44/month

* A family is defined by 2 spouses/partners and 1 dependent in same the household.
\$19 for each additional dependent in same household.

Student (high school)...\$25/month

EMT Single.....\$25 /month

EMT Couple.....\$37/ month

Seniors (60 years & over)...\$31.50/month

Senior Couple.....\$44/month

*Some Medicare Advantage plans include the “Silver Sneakers” program, which covers gym membership fees. Check you plan for details.

ADDITIONAL OPTIONS:

Punch Card (10 visits).....\$21

***MAKE CHECKS PAYABLE TO FCPHD**

***ALL MEMBERSHIPS TO BE PURCHASED AT THE
HOSPITAL FRONT DESK**

-Hours-

**Monday through Friday 7:30 AM to 5:00 PM
(business/community hours)**

***All FCPHD employees and their accompanied
spouse/partners have access to the gym 24hrs a day, 7 days a
week**

***Klondike Assisted Living Residents and FCPHD Long-term
care residence have access to the gym during business hours
only. Long-term care residence may use the gym ONLY if
accompanied by an NAC the entire time of use.**