



**TANGER BE WELL FITNESS CENTER  
INFORMED CONSENT AGREEMENT AND RELEASE**

*Welcome to the Tanger Be Well Fitness Center, your source for total health and wellness. Your safety is paramount to us. To help ensure your safe and enjoyable experience at the Tanger Be Well Fitness Center, please read carefully and sign this informed consent agreement and release. This document explains our policies and procedures and outlines important rights and responsibilities of our members.*

Initial Here

I, \_\_\_\_\_, intend to participate in some or all of the activities, programs, and services offered by the **Tanger Be Well** Fitness Center and to use Tanger Be Well's equipment and facilities. I understand that my capacity for participating in such activities, programs, and services, and for using such facilities and equipment, is subject to my own unique physical capabilities and limitations. I am aware that all activities, programs, and services offered at the **Tanger Be Well** Fitness Center are educational, recreational, or self-directed in nature. I assume full responsibility, during and after my participation, for my choices to use or apply, at my own risk, any portion of the information or instruction I receive.

I understand that while I am participating in the **Tanger Be Well** Fitness Center I may choose to secure my belongings in a locker with a padlock that I provide. I further understand that if my belongings are left in a locker over night my lock will be cut off. The contents of my locker will be kept at Tanger Be Well for two weeks during which time I can collect them. After two weeks, all items will be either donated to a charitable cause or thrown away.

I understand that, for my own health and safety as well as those around me, I am not allowed to wear scrubs while working out. I further understand that if I attempt to wear scrubs while working out I will be required to stop my workout and change or leave the Fitness Center.

Initial Here

I understand that the risk of participating in any activity or program is in part determined by my own state of fitness or health (physical, mental or emotional), and by the awareness, care, and skill with which I conduct myself in that activity or program. I acknowledge that by choosing to participate in any activity, program, or service, I am assuming those risks or results stemming from this choice and from the fitness, health, awareness, care, and skill that I possess and use. This includes any risks that may be associated with my pre-existing medical condition(s), whether or not I am currently receiving treatment or taking medications for such condition(s).

I further understand that the activities, programs, services, and facilities offered at **Tanger Be Well** Fitness Center may be conducted by personnel who may not be licensed, certified, or registered instructors or professionals. I accept the fact that the skills and competencies of some employees, students and/or volunteers will vary according to their training and experience, and that no claim is made to offer assessment or treatment of any mental or physical disease or condition by those who are not duly licensed, certified, or registered to provide such professional services.



Beth Israel Deaconess  
Medical Center



A teaching hospital  
of Harvard  
Medical School



Initial Here

I recognize and accept that my participation in the activities, programs and services offered by the **Tanger Be Well** Fitness Center could result in certain adverse physical changes. These may include, but are not limited to, abnormal blood pressure, fainting, dizziness, disorders of heart rhythm, and in very rare instances, heart attack, stroke, or even death. I am also aware of the risk of bodily injury including, but not limited to, injuries to muscles, tendons, ligaments, and joints of the body. I understand that every effort will be made to minimize these occurrences by appropriate assessments of my condition when I join the **Tanger Be Well** Fitness Center, by staff supervision during exercise, and by my own careful control of exercise efforts.

I understand that the programs I participate in may or may not benefit my physical fitness or general health. I recognize that involvement in exercise and personal fitness training sessions should allow me to learn the proper ways to perform conditioning exercises, use fitness equipment, and regulate physical effort. These experiences should benefit me by indicating how my physical limitations may affect my ability to perform various physical activities.

I understand that I should stop exercising if I experience pain or abnormal physical symptoms. I also may be required to stop or delay my participation in any activity or program by a staff member who observes any symptoms of distress or abnormal response. Emergency equipment and trained personnel are available to deal with unusual situations that may arise.

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I have been informed that information obtained during my participation in the activities programs, and services of the **Tanger Be Well** Fitness Center will be treated as confidential and will not be released or revealed to any person without my expressed written consent. I do, however, agree to the use of any information for research and statistical purposes so long as I am not personally identified, by name or otherwise. My personal information may be used to evaluate my progress and to develop recommendations for an appropriate exercise program. In addition, I hereby expressly authorize **Tanger Be Well** to share any information with my physician or other health/fitness professional caring for me.

I have been given the opportunity to ask questions regarding the activities, programs, services, and facilities available at the **Tanger Be Well** Fitness Center, and all such questions have been answered to my satisfaction. I expressly declare that I have read, understood, and agree to the contents of both this Informed Consent agreement and the Orientation packet in their entirety. I agree to adhere to the Membership Expectations for the facility, to the best of my ability.

Initial Here

By signing below, I hereby release **Tanger Be Well** and BIDMC, and all their respective employees or agents, from all liability arising from or in connection with my **Tanger Be Well** membership, my participation in **Tanger Be Well** activities, services, and programs, or the instruction or advice I may receive from **Tanger Be Well** personnel. Without limiting the foregoing, I specifically waive and release all claims against **Tanger Be Well** or BIDMC for personal injury or bodily harm arising from or in connection with the foregoing, including any claims based on negligent acts or omissions of **Tanger Be Well** or BIDMC or any of their employees or agents. I expressly agree that the release of liability contained in this paragraph shall be binding on all my heirs, administrators, attorneys, executors, insurers, successors, and assigns.

Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_