



### FITNESS CENTER GUEST PASS

- One Day Pass
- One Week\*

Valid from \_\_\_\_\_ to \_\_\_\_\_

*\*Free for BID employees; \$25 for Non-BID employees*

Guest of \_\_\_\_\_ Phone# \_\_\_\_\_

Name \_\_\_\_\_  
(Please print)                      Last                      First                      Middle Initial

Address \_\_\_\_\_  
(Home)

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone # (home) \_\_\_\_\_ Phone # (work) \_\_\_\_\_

E-Mail Address \_\_\_\_\_ Date of birth \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone # \_\_\_\_\_

**Yes    No**

- 1. Has a doctor said that you have a heart condition and recommended only medically supervised activity?
- 2. Do you have chest pain brought on by physical activity?
- 3. Have you developed chest pain in the last month?
- 4. Do you tend to lose consciousness or fall over as a result of dizziness?
- 5. Do you have a bone or joint that could be aggravated by the proposed physical activity?
- 6. Has a doctor ever recommended medication for your blood pressure or a heart condition?
- 7. Are you aware through your own experience, or doctor's advice, of any other physical reason against your exercising without medical supervision?



Beth Israel Deaconess  
Medical Center



A teaching hospital  
of Harvard  
Medical School



**RELEASE AND WAIVER OF LIABILITY**

I am voluntarily participating in the Tanger Be Well Center and recognize that there exists a possibility of changes occurring including, but not limited to, abnormal blood pressure, fainting, dizziness, and in very rare instances, heart attack, stroke or even death. I understand that every effort will be made to minimize these occurrences by proper staff assessment of my condition at the time of my visit, and by my own careful control of exercise efforts. I, on behalf of myself, my heirs, spouse, children, executors, administrators, assigns, and agents hereby release, discharge, and hold harmless Beth Israel Deaconess Medical Center, their directors, officers, employees, and representatives, and any individuals associated with the program from any and all liabilities, losses, causes of action, damages, and claims that I may have in connection with or resulting from my participation at the center. I have read this release and waiver of liability and understand it. Any questions that I have regarding the program have been answered to my satisfaction. 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 in the Tanger Be Well Center. Temporary lockers are available for use during the Be Well Tanger Center. Everyone is required to bring his/her own lock. Please lock up all belongings while you are in the Center. I further understand that if my belongings are left in a locker over night my lock will be cut off.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Reviewed by \_\_\_\_\_

Comments \_\_\_\_\_