



PART 1

I have read and understand the information provided on attendance, progression, discharge from program, performance in the program, refusal of treatment, daily activity worksheet, telephone use, tobacco use, cursing/hostility, clothing guidelines, and educational classes. The information provided has been reviewed with me. I have been asked and had the opportunity to ask questions.

If you understand and agree, please sign and date.

Initials: _____ Date: _____

PART 2

It is my understanding that there exists the possibility of adverse changes during a cardiovascular warm-up and flexibility/stretching activities, and cool down activities. I have been informed that these changes could include abnormal blood pressure, fainting, and disorders of the heart rhythm and very rare instance of heart attack or even death. These risks include, but are not necessarily limited to, the possibility of stroke, or other cerebrovascular incident or occurrence; mental, physiological, motor, visual or hearing injuries, deficiencies, difficulties or disturbances; partial or total paralysis; slips, falls or other unintended loss of balance or bodily movement related to the cardiovascular equipment, resistance training equipment, material handling equipment, flexibility training, work simulation duties, or my own bodily power which may cause muscular, neurological, orthopedic, or other bodily injury; as well a variety of other possible occurrences, any of which could conceivably, however remotely, cause bodily, impairment, disability or death. Any procedure such as this one carries with it some risk however unlikely or remote. I acknowledge and agree to assume all risk.

If you understand and agree, please sign and date.

Initials: _____ Date: _____

PART 3

It is my understanding that there exists the possibility of adverse changes by participating in material handling activities, resistance training activities, non-material and basic circuit activities and job simulation in work conditioning/hardening. I have been informed that these changes could include abnormal blood pressure, fainting, and disorders of the heart rhythm and very rare instance heart attack or even death. These risks include, but are not necessarily limited to, the possibility of stroke, or other cerebrovascular incident or occurrence; mental, physiological, motor, visual or hearing injuries, deficiencies, difficulties or disturbances; partial or total paralysis; slips, falls or other unintended loss of balance or bodily movement related to the cardiovascular equipment, resistance training equipment, material handling equipment, flexibility training, work simulation duties, or my own bodily power which may cause muscular, neurological, orthopedic, or other bodily injury; as well a variety of other possible occurrences, any of which could conceivably, however remotely, cause bodily, impairment, disability or death. Any procedure such as this one carries with it some risk however unlikely or remote. I acknowledge and agree to assume all risk.

If you understand and agree, please initial and date.

Initials: _____ Date: _____

Patient/Claimant Signature: _____ Date: _____

Legally Authorized Representative: _____ Date: _____

Signature of Witness: _____ Date: _____

Note: The above authorizations will be in effect unless revoked by written notification from the patient.