

Briggs Wellness Center
399 Ninth St N., Naples, FL 34102
PH: (239) 624-2750 - Fax: (239) 624-2751
WellnessEnrollments@nchmd.org



Whitaker Wellness Center
2330 Immokalee Rd., Ste 1, Naples, FL 34110
PH: (239) 624-6870 Fax: (239) 624-6871
WellnessEnrollments@nchmd.org

NCH Wellness Center Agreement & Release of Liability

Applicant Name: _____
(Please print)

Date: _____

In consideration of gaining membership or being allowed to participate in the activities and programs of the NCH Wellness Centers/NCH Healthcare System and to use its facilities, equipment, and machinery in addition to payment of any fee or charge, I do hereby waive release and forever discharge the NCH Wellness Center/NCH Healthcare System and its officers, agents, employees, representatives, executors, and all others from any and all responsibilities or liability for injuries or damages resulting from my participation in any activities or my use of equipment or machinery in the above mentioned facilities or arising out of my participation in any activities at said facility. I do also hereby release all of those mentioned and any others acting upon their behalf from any responsibility or liability for any injury or damage to myself, including those caused by the negligent act or omission of any of those mentioned or others acting on their behalf or in any way arising out of or connected with my participation in any activities of the NCH Wellness Center/NCH Healthcare System or the use of any equipment at the NCH Wellness Center/NCH Healthcare System.

I understand and am aware that strength, flexibility, and aerobic exercise, including the use of equipment, is a potentially hazardous activity. I also understand that fitness activities involve a risk of injury, even death, and that I am voluntarily participating in these activities and using equipment and machinery with knowledge of the dangers involved. I hereby agree to expressly assume and accept any and all risks of injury or death.

I do hereby further declare myself to be physically sound and suffering from no conditions, impairment, disease, infirmity, or other illness that would prevent my participation in any use of the activities at the NCH Wellness Center/NCH Healthcare System or use of equipment or machinery except as hereinafter stated. I do hereby acknowledge that I have been informed of the need for a physician's approval for my participation in an exercise/fitness activity or in the use of exercise equipment and machinery. I also acknowledge that it has been recommended that I have a yearly or more frequent physical examination and consultation with my physician as to physical activity, exercise, and use of exercise and training equipment so that I might have recommendations concerning these fitness activities and equipment use. I acknowledge that I have either had a physical examination and have been given my physician's permission to participate, or that I have decided to participate in activity and/or use of equipment and machinery without the approval of my physician and do hereby assume all responsibility for my participation and activities, and utilization of equipment and machinery in my activities.

- A credit card / debit card, completed EFT form, Health History and Liability form must be on file regardless of payment method, prior to scheduling a service.
- To reschedule or cancel a service, a minimum notice of 24 hours from the service time is required.
- Changes or cancellations must be done via phone or in person during regular business hours. If less than a 24-hour notice is provided, or you fail to show for your service, you will be charged the full price of the service.
- Courtesy email reminders can be sent by updating your email on file at the Front Desk; however, it is the client's responsibility to remember their scheduled appointment.
- Both Member and Non-Member pricing is available. To receive member pricing, client's membership must be active at the time of purchasing, scheduling, and attending.
- Late arrivals will result in forfeiture of the appointment and the full appointment cost will be charged.
- Single session appointments and packages are non-refundable, non-transferable, and may not be shared.
- If purchasing as a gift, the service must be purchased at the recipient's rate. (Member / Non-Member)
- Packages expire 12 months from the date of purchase and appointments may be booked up to 6 months in advance.

Applicant Signature

Date

Wellness Staff Signature

Date