

INTEGRIS Health Fitness Center Participant Release

Please print legibly. Thank you.

Name _____ EMP ID # _____

Work Phone _____ Home or Cell _____

Address _____ City _____ State _____ Zip Code _____

Facility (Circle One): ISMC Spencer ICI IHE Miami Grove
Enid IBMC Portland Ave. Corporate Tower

In an effort to support our mission, INTEGRIS Health offers the use of our On-Site Fitness Centers at no cost to the caregiver.

Please complete, sign, and return to Caregiver Wellness. Badge access will be activated within 48 hours.

Submit Form to Caregiver Wellness:

Inter-office: 001.7063

Email: Employee.Wellness@integrisk.com

Mail:

INTEGRIS Health

Attn: Caregiver Wellness

3001 Quail Springs Parkway

Second Floor

Oklahoma City, Ok 73134

RELEASE OF LIABILITY

I desire to voluntarily participate in the INTEGRIS Health Fitness Center. This activity is sponsored by the INTEGRIS Health Employee Wellness Program. I hereby agree to the conditions set forth herein and acknowledge that the voluntary participation in the above mentioned program is my personal choice.

Furthermore, I am aware that there are risks for certain individuals participating in activities that involve physical exertion, and I assume the responsibility for participating with the exercise equipment available through the INTEGRIS Health Fitness Center. I agree to withdraw from the activity should I become aware by any means whatsoever that taking part is medically unsound or causes me concern for my health or well-being. I understand that there is no supervision of the Fitness Center and each employee is responsible for their own training and exercise routine.

I hereby waive and release, for myself and my heirs, any and all rights of claims I may ever have against INTEGRIS Health Systems, the Medical and Dental staff of the Hospital, and any affiliates or subdivisions of the Hospital, including without limitation to INTEGRIS Health Systems, INTEGRIS Health Essentials Employee Wellness Program, and each of their respective agents, employees, servants, officers, directors, and representatives, for injury or illness arising out of or in any way connected with my participation in classes provided by the Employee Wellness Program. I further agree to indemnify and hold harmless each of said persons from or against all liability for my loss, cost, injury, or damage to said persons or property which may arise by virtue of my use of the Fitness Center at INTEGRIS Health. In signing this document, I acknowledge and affirm that I have carefully read the same and have obtained a satisfactory explanation of any part thereof that I do not understand.

Signature _____ Date _____