BEAUMONT HEALTH SYSTEM THERAPEUTIC POOL
HEALTH MAINTENANCE PROGRAM AGREEMENT

The undersigned hereby requests participation in the Therapeutic Pool Health Maintenance Program in the Department of Rehabilitation in the Beaumont Health System. The terms and conditions of participation are set forth in this Agreement.

1. **Eligibility**
   To be eligible for a Therapeutic Pool Health Maintenance Program the undersigned must meet one of the following requirements:
   - Complete a formal, physician ordered session of pool therapy at the Beaumont Health System within 6 months of the date of this Agreement, or have participated continuously in the Independent Swim Program. Participants must submit a physician’s prescription for the Independent Swim Program that is valid for the current calendar year.
   - Submit a physician’s prescription for participation in the Arthritis Swim Program that is valid for the current calendar year.

   The undersigned understands that William Beaumont Hospital has the right to refuse a request for participation in the Therapeutic Pool Health Maintenance Program and may revoke participation for any reason at any time.

2. **Purpose**
   The purpose of the Therapeutic Pool Health Maintenance Program is to provide the member with an opportunity to exercise and continue a health maintenance program. Participants in the adult swim programs will work independently from Beaumont’s clinical staff, subject to the terms of this Agreement.

3. **Fees**
   The cost for participation is $84.00 for 12 sessions in the adult swim programs. Payment is non-refundable and is payable in advance.

4. **Miscellaneous Terms and Conditions** –
   a) Pool hours of operation are from 7:30 a.m. to 6:30 p.m. Monday-Thursday and 7:30 a.m. to 3:00 p.m. Friday. The pool is closed from 11:30-1:00 each day. The participant understands and agrees that patients receiving formal therapy from Beaumont have priority to the access and use of equipment and staff on the premises.
b) Participants agree to perform only those exercises that have been recommended from their formal therapy session while participating in the Therapeutic Pool Health Maintenance Program.

c) Participants will exercise independently from the clinical staff and therapist. Staff may not be present or immediately available to provide assistance and direction during the time of scheduled exercising.

d) Workouts will be scheduled for one-hour blocks of time and shall not exceed these time limits.

5. **Waiver, Release and Hold Harmless Agreement**

The undersigned acknowledges and assumes the risks, including injury or death, associated with the use of department equipment and participation in this exercise program. In consideration for allowing participants to enroll and participate in the Therapeutic Pool Health Maintenance Program the undersigned hereby voluntarily releases, discharges, waives and relinquishes any and all actions or causes of action for personal injury, property damage or wrongful death occurring to him/herself arising as a result of engaging or receiving instructions in exercise activities incidental thereto, wherever or however the same may occur and for whatever period said activities or instructions may continue. The undersigned does for him/herself, his/her heirs, executors, administrators and assigns hereby release, waive, discharge and relinquish any action or causes of action that may hereafter arise for personal injury, property damage or wrongful death against William Beaumont Hospital or any of its officers, agents, servants or employees for any of said causes of action, whether the same shall arise by the negligence of any said persons, or otherwise.

The undersigned acknowledges and agrees that he/she has read and understands all the terms and conditions of the above Agreement and accepts these terms and conditions as a member in the Therapeutic Pool Health Maintenance Program at William Beaumont Hospital.

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Participant Name: (Print)

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Participant Signature  Date