

Arthritis SA Warm Water Exercise Program Informed Consent and Disclaimer

I, _____ of
(Please Print Full Name)

(Full address) (Phone Number)

consent to participate in Arthritis SA's warm water exercise sessions (the program') and acknowledge unconditionally that I have given an accurate account of my health, any relevant medical conditions and my swimming ability. I acknowledge that it is solely my responsibility to advise Arthritis SA if my medical status, health and/or swimming ability changes in a way that could reasonably be expected to affect, in any way, my safe participation in the program. If I am unsure as to whether a change in my medical status, health and/or swimming ability will affect my safe participation in the program, it is my responsibility to consult a doctor or other appropriately qualified healthcare professional.

I acknowledge the novel coronavirus (Covid-19) has been declared a pandemic by the World Health Organisation and is highly contagious through person-to-person contact. In signing this form, I accept all risk, loss and personal injury associated with risk of Covid-19 and release Arthritis SA from all forms of claim.

I also accept that there are risks involved in any therapeutic water activity. I have been advised of pool rules and I am aware of factors relating to fatigue and dehydration from exercising in water. I have freely consented to participating in the program with full knowledge and appreciation of and acceptance of the risks to my own personal safety, including drowning.

I acknowledge that a \$20 non-refundable deposit is required to secure my place in the program. I also accept that any hydrotherapy session missed due to ill health may be made up if there is capacity in another suitable hydrotherapy session and that all make-up sessions must be completed within the current hydrotherapy period and cannot be carried over or transferred to another period or individual. I accept that full fees for the period I am enrolled for must be paid in full either via an agreed payment plan or up front and are non-refundable.

Signature: _____

Date: ____/____/____