

Client Agreement and Waiver

In our commitment to support your health and well-being, before using our facility, we are requesting some information from you related to your participation in certain activities at the Duke Integrative Medicine Center. We also are asking that you execute the liability waiver below in connection with your participation in those activities.

Date

Name Mailing Address

City

State

Zip

Phone: (W) (H)

Email address:

# Please answer the following seven questions

**YES NO**

1. Has your doctor ever said you have heart trouble?
2. Do you frequently have pains in your heart and chest?
3. Do you often faint or have spells of severe dizziness?
4. Has a doctor ever said your blood pressure was too high?
5. Has your doctor ever told you that you have a bone or joint problem such as arthritis that has been aggravated by exercise or might be made worse by exercise?
6. Is there any physical reason not mentioned here why you should not follow an activity program even if you wanted to?
7. Are you over age 65 and not accustomed to exercise?

In the event that you have answered “yes” to any of the above questions, it will be necessary for you to obtain clearance from a physician before participating in any physical activities, including yoga or other exercise programs (whether in-person or on-line) and use of the whirlpool hot tub, sauna, or steam room.

# Client Agreement/Waiver

The undersigned client agrees to abide by the guidelines of Duke Integrative Medicine, including the completion of the above medical questionnaire and adherence to the required clearance by a physician as described above.

The undersigned client (“Client”) agrees that all use of Duke Integrative Medicine facilities, services and programs shall be undertaken at his (her, their) sole risk and neither Duke University nor Duke University Health System, Inc. shall be responsible or liable for any injuries, accidents or deaths occurring to Client arising either directly or indirectly out of 1) utilizing Duke Integrative Medicine’s facilities or services (including use of the whirlpool hot tub, sauna, or steam room); or 2) participating in any Duke Integrative Medicine programs (including yoga or exercise programs, whether such participation is in-person or via electronic means) (hereafter referred to as “Programs”). Client, for himself/herself, theirself and on behalf of his/her, their executors, administrators, heirs and assigns, does hereby expressly release, discharge, waive, relinquish, and covenants not to sue Duke University or Duke University Health System, Inc. or their respective directors, officers, employees or agents with respect to any claims, demands, injuries, damages or causes of action, with respect to Client’s use of Duke Integrative Medicine’s facilities or services, or participation in any Duke Integrative Medicine Program.

Client declares that he/she/they have has accurately completed the medical questionnaire above. In the event that Client has answered “no” to all of the above questions, Client further affirms that he/she/they are ise physically able to participate in physical activity (specifically including Programs) and or utilize the Duke Integrative Medicine whirlpool hot tub and dry/wet sauna rooms. Furthermore, Client affirms that Duke Integrative Medicine is requiring Client to obtain a medical clearance from a physician in the event that Client has answered “yes” to any of the medical questions above, and has advised Client to obtain such medical clearance if he/she/they are is unsure of his/her/their physical health and/or capability to safely pursue physical activity at Duke Integrative Medicine facilities (including use of the whirlpool hot tub or the dry/wet sauna rooms) or participation in Duke Integrative Medicine Programs. If Client’s circumstances change such that his/her/their answers to any of the above questions change from “no” to “yes”, Client agrees to discontinue use of the Duke Integrative Medicine facilities and participation in Duke Medicine Programs, and to notify Duke Integrative Medicine personnel immediately, as further use of Duke Integrative Medicine facilities or participation in Duke Integrative Medicine Programs will require medical clearance as described above.

Client signature Date