



**Franciscan**

**ST. JAMES HEALTH**

Chicago Heights • Olympia Fields

## Day of Dance Authorization and Release

I hereby authorize Franciscan St. James Health to administer a set of health/fitness screenings and assessments, which may include, but is not limited to: finger stick blood sugar screening, blood pressure, cholesterol level, body composition, bone density, and pulmonary function. I request and authorize Franciscan St. James Health to inform me of the preliminary measurements of the health/fitness screenings and assessments.

**I understand that the health/fitness screenings and assessments** I voluntarily participate in can only provide certain preliminary measurements, **and cannot be relied upon to diagnose the existence or absence of any medical condition.** I also understand that my **participation in the health/fitness screenings and assessments is not a substitute for examination by a medical doctor**, and that I alone am responsible for obtaining, from a medical doctor or other qualified health care provider, medical examination, information or services.

I understand that **I am responsible for providing the health/fitness screening and assessment information to my personal physician** and the health fair screener is not proposing diagnoses, or recommending medical treatment, but merely acting as a resource to provide me this additional medical information. I understand that should I become ill, have any complaints, or have any questions regarding my health, I should contact my personal physician.

In addition, I release all agents, employees and volunteer personnel involved in the health/fitness screening/assessment from any and all liability for the results of the testing/screening or any treatment I may receive from a physician of my choice based upon the information provided by the health/fitness screening/assessment.

I understand that the Day of the Dance event includes dance demonstrations and optional participation in dance. I understand my participation in the event occurs at my own risk. If I choose to participate in the event, I agree to dance at a pain-free level of intensity and to consult my personal physician prior to participation in the event. I take full responsibility for any health/injury problems that may result from my choice to participate in the event.

In addition, I authorize Franciscan St. James Health to (i) interview, photograph, tape record or video me for purposes of publication; (ii) use any quotation and comment made verbally or tape recorded by me; (iii) use such video or photograph in any publication in such manner and at such times and in such places as Franciscan St. James Health shall determine; or (iv) use my name in connection with any publication.

I have read, understand and agree to the above provisions.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Witness