

AQUATIC THERAPY MAINTENANCE PROGRAM

FACILITY COPY

Welcome to our aquatic therapy maintenance program. We have provided below guidelines and rules for participation in the program, which may be amended from time to time. If you have any further questions or concerns, our staff will be pleased to assist you.

General Rules:

- You are eligible for this program within the first 60 days following discharge from aquatic therapy or with approval from treating therapist or coordinator.
- You may perform your maintenance at the Noblesville and/or Carmel facility.
- You must be independent in dressing, entering and exiting the pool and in your aquatic therapy program.
- Visits are \$5 each (cash, check, VISA/MC) or 30 day memberships are available to be purchased for \$40 granting unlimited access during pool therapy times. Scan cards are available at the front desk.
- **Memberships (single sessions or monthly) will expire after 6 consecutive months of inactivity.**
- You must check in at the front desk with your scan card.
- Scan cards are non-transferable.
- You must bring your own towel.
- Current aquatic therapy patients will receive priority on space and use of equipment.
- Do not enter the pool if you have problems with bowel or bladder continence, including recent diarrhea.
- Do not enter the pool if your skin has become itchy or developed a rash from chlorine exposure in the pool.
- Do not enter the pool if you have open cuts or sores.
- Please respect the confidentiality of our patients receiving therapy.
- We recommend showering before and after pool use to reduce skin irritation. Please help keep our water chemistry balanced and clean.
- Leave all valuables at home. Riverview Health Rehab & Fitness is not responsible for lost and/or stolen items. You may bring a lock to use in the locker room during pool maintenance time.
- Please be courteous to other aquatic patients by keeping conversations to a minimum in order for others to hear the therapist.

Facility Rules and Regulations:

- You agree to comply at all times with the Rules and Regulations for the Riverview Health Rehab & Fitness facilities, as amended from time to time, a copy of which you agree you have reviewed and approved. Such Rules and Regulations govern general rules, health and safety, facility and equipment use, locker room use, attire, and other matters.

Water Safety Rules:

- All exercises must meet with the approval of an aquatic therapist.
- Swimming above the surface of the water or underwater swimming are not permitted.
- Participants should stay above water at all times. Face down floating is not permitted.

- You may NOT enter the pool area without a staff member already in the pool area.
- Participants must wear appropriate swimwear. Pool shoes are highly recommended to offer protection, support and grip on pool surface. Pool shoes will add a little more height.
- The pool has three different levels, 3 ½ feet, 4 ½ feet and 7 feet deep. Choose your place in the pool depending on your comfort with the water level.
- Drink lots of water to avoid dehydration. A plastic water bottle may be brought to class and placed on the side of the pool, if desired.
- No diving or jumping from pool side. All participants must enter the pool by using the steps or ramp.
- Spitting, spouting water, blowing the nose and similar behavior in pool is prohibited.
- Safety is our top priority! Any act deemed unsafe by the aquatic therapist or management will not be tolerated.

Code of Conduct:

- Any conduct that is deemed unsafe, inappropriate, disorderly, or disrespectful of the rights of others, or that violates any of the foregoing guidelines and rules, will result in the following:

1st Offense	Immediate removal from the facility for the day without compensation
2 nd Offense	Suspension from the pool for one month without compensation
3 rd Offense	Revocation of membership without compensation

I understand and agree that there are risks, foreseeable and unpredictable, associated with any exercise program. I am aware of these risks and agree that my participation is at my own risk. Upon entering this program, I hereby understand and agree that this organization or facility, directors, employees, agents, members, or volunteers, shall not assume or have any responsibility or liability for expenses or medical treatment or for compensation for any injury I or my child may suffer during or resulting from my participation in this program. I do hereby, for myself, my heirs, executors and administrators, waive, release, and forever discharge any and all rights and claims for damages that I may have or that may hereafter accrue to me arising out of or in any way connected with my participation in this or any future programs. I also represent and warrant that I have been advised to seek consultation from my doctor about whether I, or my child can safely participate in this program and whether there are precautions or limitations to my participation.

I HAVE READ AND DO UNDERSTAND THE ABOVE RULES AND REGULATIONS AND WILL COMPLY WITH SAID REQUIREMENTS, AS AMENDED FROM TIME TO TIME. I UNDERSTAND THAT FAILURE TO ABIDE BY THE RULES AND REGULATIONS MAY RESULT IN DISCIPLINARY ACTION.

Printed Name	Participant Signature	Date Signed
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IF THE PERSON PARTICIPATING IN THE ACTIVITY IS NOT YET 18 YEARS OLD: AS A PARENT OR LEGAL GUARDIAN OF THE ABOVE NAMED INDIVIDUAL, I VERIFY THAT I FULLY UNDERSTAND, AND ACCEPT ALL PROVISIONS OF THE RULES AND REGULATIONS, AS AMENDED FROM TIME TO TIME.

Printed Name	Signature	Date Signed
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