

Participant Waiver – Inova Medical Weight Loss Program

Program to consist of:

1. Exercise - Aerobic movement, weight training, resistance tubes, exercise ball, gentle toning, balance and stability and flexibility.
2. Diet Control- Meal replacement and meal plans for healthy foods.
3. Education - Learn benefits of exercise and how to incorporate exercise in efficiently to daily life. Learn various forms of exercise including aerobic and non-aerobic (strength training) exercise.

Participant Waiver:

I, _____, have enrolled in the Medical Weight Loss Program described above offered by INOVA FAIR OAKS HOSPITAL. I hereby affirm I have been cleared by a medical doctor to participate in this program. I have been instructed on the program requirements and understand it is my responsibility to follow up with my physician.

Recent research demonstrates that older individuals (i.e. age 65 and over) in BMI class 1 obesity (BMI 30-34.99) and below, who are working on weight loss may have an increased risk of mortality. Although I may fall into this category, I still want to proceed with the Inova Medical Weight Loss Program.

In consideration of my participation in the Medical Weight Loss Program at INOVA FAIR OAKS HOSPITAL, I hereby release INOVA HEALTH CARE SERVICES, and its affiliates, and all practitioners associated with the program, from any and all liability now or in the future, including but not limited to liability related in any way to heart attacks, complications with diabetes, adverse effects of the diet, muscle sprains, pulls or tears, broken bones, shin splints, falls, heat prostration, knee/lower back/foot injuries however caused, occurring during or after my participation in the Medical Weight Loss Program.

I hereby affirm that I have read and fully understand the above.

Signature: _____
Participant

Date: _____

Print Name: _____