



TriHealth Pavilion Personal Assistant Policy, Agreement, and Waiver

The TriHealth Fitness & Health Pavilion (the “Pavilion”) was built to meet all requirements of Title III of the American with Disabilities Act. For members’ and employees’ safety, the Pavilion staff are not permitted to physically assist members with the use of any equipment or facilities on the Pavilion premises. Because of this, the Pavilion offers a Personal Assistant Program to benefit members who may require additional assistance.

A Personal Assistant may be required to perform the following:

- Physical Requirements

Sitting, walking, hearing, talking, finger dexterity, handling, feeling, eye-hand coordination, near vision, color vision, far vision, peripheral vision, depth perception, night vision, driving, standing with little movement, reaching, lifting (significant 25+ lbs.), lifting objects to waist, lifting objects overhead, carrying objects, pushing/pulling objects, ascending/descending stairs, climbing/balancing, bending/stooping, kneeling/crouching/crawling.

- Mental Requirements

Reading, remembering, recognition/identification, understanding information and/or concepts, problem solving, communicating instructions, information and/or concepts, decision-making.

All Pavilion visitation policies apply to Personal Assistants. The Pavilion reserves the right to remove a Personal Assistant from its premises if, at the Pavilion’s sole discretion, it is determined that the Personal Assistant has failed to abide by any Pavilion policy or that the Personal Assistant’s continued presence poses a safety to risk to any Pavilion member or employee.



THIS PAGE TO BE COMPLETED BY MEMBER

I, _____ (Member), have read and understand this policy and I desire to have a Personal Assistant while I utilize Pavilion services.

I confirm that due to certain physical and/or cognitive limitations, I am unable to utilize the Pavilion's equipment and/or services independently and therefore require assistance. I realize that it is my responsibility to identify someone who will serve as my Personal Assistant and that this person must be approved by management as someone capable of providing me with adequate assistance at all times during my Pavilion visit. I also understand that I may request a reevaluation of my physical status at any time to determine my continued need to provide a Personal Assistant.

PLEASE NOTE: *The Pavilion reserves the right to consult with a physical or occupational therapist to assist in determining your physical maneuverability needs. At the sole discretion of the Pavilion, your membership status is subject to reassessment or reevaluation at any point that we feel you are unable to meet the facility's physical requirements or your Personal Assistant is not able to meet the physical maneuverability requirements.*

I wish to designate the following as my Personal Assistant:

Personal Assistant's Name

Address

Date of Birth

Member (or Legal Representative) Signature

Date

Witness/Manager Signature

Date



THIS PAGE TO BE COMPLETED BY PERSONAL ASSISTANT

I, _____ (Personal Assistant), have read and understand this policy and I desire to be the Personal Assistant for _____(Member) while he or she utilizes Pavilion services. I confirm that I can meet both the physical and mental requirements described herein.

I understand and agree to the following:

- I will remain with Member at **all** times while on the premises
- I am capable of providing safe care while following all Pavilion rules and policies
- The Pavilion does not assume any responsibility for securing or safekeeping my personal property while I am at the Pavilion; and
- I am required to check in at the service desk before each visit (no fee required).

It is my sole responsibility, regardless of my health status, to determine from my healthcare provider whether I have any medical conditions that prohibit or limit my ability to perform my duties as a Personal Assistant. The Pavilion does not assume any responsibility for my failure to consult with my healthcare provider and any adverse health consequence resulting therefrom.

I accept full responsibility for my use of any and all equipment, apparatus, and appliances owned and operated by the Pavilion and my participation in all programs and services offered at the Pavilion, as part of my duties as a Personal Assistant. I agree on behalf of myself and my heirs, executors, administrators and assignees to hold TriHealth, Inc., Bethesda Health, Inc., and all of their subsidiaries, affiliates, trustees, directors, officers, employees, representatives, and agents harmless for any and all loss, claim, injury, or liability sustained or incurred by me resulting therefrom.

Personal Assistant Signature

Date

Witness/Manager Signature

Date