

Northeastern Vermont Regional Hospital

1315 Hospital Drive

St.Johnsbury VT 05819

**Employee Exercise in Cardiac Rehab**

Where: NVRH, 3rd Floor, Cardiopulmonary Rehabilitation

When: After Hours Monday-Friday 3:45pm – 6:15am & Weekends

Equipment Available: Free Weights, Resistance bands, Floor Mats, Stationary Bike, NuStep, Treadmill, Rowing machine, Upper Body Ergometer

Monitoring Equipment: Heart rate and oxygen saturation monitoring

Room Expectations:

* Please sign out the key from the switchboard, it is important that staff during the off hours knows that someone is in the cardiac rehab room exercising in case of an emergency (our emergency button is located in the hallway next to the main entrance of cardiac rehab)
* Please remember that the primary purpose of this room is to serve our patients
* Clean up after yourself
* We have a radio and IPod dock available should you want some music while you exercise, please be respectful with the volume
* We have a water dispenser should you forget yours. We would appreciate it if you brought your own, the water is purchased as part of our program operational budget.
* Respect the equipment – please turn off anything you turn on including equipment and fans, please wipe down the equipment after use with the Sani-Cloths that are located in various places around the room
* Know your limits – if you are unfamiliar with equipment please do not “experiment” with it. Contact the cardiac rehab staff and we can schedule a time to meet and show you how to use and set up equipment. Please know how to take your own heart rate and contact our staff with any questions regarding target heart rates with exercise
* Please be aware that it is safest to exercise with a buddy
* If there is a problem with a piece of equipment you are using, please leave a note for our staff or email Lyndi ([l.medico@nvrh.org](mailto:l.medico@nvrh.org)) Again, our patients use this equipment every day, we do not want to put them on a piece of equipment that has malfunctioned because we were not made aware

**Release of Responsibility**

In registering to use this Physical Fitness room and its equipment, I recognize that there are certain risks associated with exercising, particularly for the individual who is not in good health. These risks include, but are not limited to, bruises, sprains, and muscle pulls along with more serious problems such as heart attacks, heart rhythm abnormalities, and other cardio-respiratory problems.

I certify that to my knowledge, I do not have problems with heart disease, high blood pressure, pain with exertion, diabetes, convulsions or other bleeding disorders and that to my knowledge, I do not have any other chronic or acute conditions that might be aggravated by the use of the physical fitness room and equipment or might make me more susceptible to the above mentioned risks of the use of said room and equipment. *If I have or have had any of the above mentioned conditions, my primary physician is aware that I am exercising and has acknowledged that it is appropriate and safe for me to utilize a physical fitness room and equipment.*

I also understand that I should undergo a thorough physical examination by my own physician prior to embarking on any exercise or fitness program, especially if I am over 30 years of age and have not been engaging in strenuous and regular exercise.

I further understand that Northeastern Vermont Regional Hospital provided this Physical Fitness room and equipment for use by its employees and physicians. I am aware that the use of said room and equipment is purely voluntary and is a privilege which may be revoked or denies to me if I do not meet or continue to meet the criteria for use of the Physical fitness room and equipment.

I, the undersigned, fully understand and appreciate the risks of use of this room and equipment and knowingly accept them as my own responsibilities. In consideration of my being allowed to use this room and equipment, I, the undersigned hereby for myself, my heirs, executors, administrators and assignees, wave and release any and all rights, demands actions or claims for damages I may have against Northeastern Vermont Regional Hospital, and their agents individually or separately for any personal injuries or property damage of any and whatever type, nature, and amount sustained or claimed to be sustained by me as a result of my use of this physical fitness room and its equipment.

Participants Name Date

Participants Signature Witness Signature