







to inform Synapse House of any restrictions to wellness and fitness activities otherwise I certify that I am capable of performing physical exercise and acknowledge that I am voluntarily participating in this Exercise Program.

**YES** **NO**

**KNZ Gym & NeuroFitness Program Restrictions (if any):**

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**Synapse House Communicable Disease Control Policies**

I, and/or my legal guardian hereby agree as a participant of Synapse House programs or services to follow the policies that relate to COVID-19 or any other communicable disease in accordance with the guidelines as set by the State of Illinois and the Dept. of Public Health. This may include:

- Wearing a mask, if needed
- Regular handwashing & hand sanitizing.
- Implementing self-quarantine if diagnosed, potentially exposed or exhibiting symptoms of COVID-19, RSV, Influenza or any other communicable disease.
- Reporting any potential exposures or positive test results to the organization within 24 hours.
- Alerting staff to any communicable diseases, such as the flu, as this prohibits one from participating in the Culinary Unit and the programs in general.

I, and/or my legal guardian agree to follow these policies and all policies of the organization.

**YES** **NO**

**Consent Form**

I, and/or my legal guardian understand that this consent form is valid one year from the signed date and can be modified at any time by the completion of a new consent form. I, or we, understand that participation is contingent on full completion of the form and that services or programs may be suspended if the consent form is incomplete or expired.

**YES** **NO**

\_\_\_\_\_  
Signature of Person Served OR Legal Guardian

\_\_\_\_\_  
Date

The undersigned legal representative hereby represents that they have the legal authority to make health care decisions on behalf of the person served and that a copy of this document has been provided to the organization and that such representation hereby consent on behalf of the person to the consents and acknowledgements listed above.

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