

## Release and Registration Romulus Central School Weight Room Usage

Date: \_\_\_\_\_

The undersigned in consideration of the use of the premises in Romulus Central School for the utilization of the weight room during non-school hours hereby remise, release and forever discharges the Romulus Central School District from any and all manner of action, caused for any loss, damage or injury of any nature whatsoever to the undersigned resulting in any way, form or in any fashion arising from, connected with or resulting from his or her occupancy in the use of the property of the Romulus Central School District. Please complete the Health Questionnaire and attach to release form.

Signed \_\_\_\_\_

Please Print Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

**If the participant is under 18:**

As a Legal Guardian of \_\_\_\_\_, I consent to the above terms and conditions.

Date: \_\_\_\_\_ Signature of Parent/Guardian: \_\_\_\_\_

Witnessed: \_\_\_\_\_

## Romulus Central School Weight Room Health Questionnaire

Application Name: \_\_\_\_\_

Please read each question carefully and circle the appropriate answer:

1. Does a doctor for any reason presently restrict you from physical activity? Yes No
2. Has a doctor ever told you that you have a heart condition? Yes No
3. Has a doctor ever told you that you have high blood pressure? Yes No
4. Have you recently experienced chest discomfort or shortness of breath? Yes No
5. Do you often feel faint or have dizzy spells? Yes No
6. Do you have a bone, joint or soft tissue problem, such as arthritis or back pain, which could be made worse by exercise? Yes No
7. Are you currently taking any prescription or non-prescription medication? Yes No  
If yes, please list: \_\_\_\_\_
8. Are you pregnant? Yes No
9. Is there a good reason, not mentioned above, why you should not perform any physical activities? Yes No

For your safety, upon review if there is a concern about a medical condition, a medical clearance from your treating physician may be requested.

I understand the above questions and have answered them truthfully, to the best of my knowledge, I am under no medical restrictions for physical activity or work and I feel physically able to utilize the weight room.

Applicant Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Witness: \_\_\_\_\_