

**LETCHWORTH CENTRAL SCHOOL DISTRICT
FITNESS CENTER - INFORMED CONSENT
ASSUMPTION OF RISK AGREEMENT**

NAME: _____ PHONE: _____

ADDRESS: _____

EMERGENCY CONTACT: _____ PHONE: _____

As a condition of using the Letchworth Central School District's Fitness Room, I acknowledge that I have read this form, fully understand it, and agree to its terms and conditions.

1. I hereby acknowledge that I have obtained medical clearance from my physician for use of the Fitness Room's equipment and participation in Fitness Room exercise activities, and have provided proof of such to the District through a medical clearance form which is signed by my physician. I further understand that I will be solely responsible for monitoring the manner and intensity of my use of the Fitness Room's equipment and participation in its exercise activities, and will do so in a way which will not jeopardize my health, safety or physical well-being, or the health, safety or well-being of other Fitness Room users. In particular, I agree that I am solely responsible for complying with any specific recommendations identified by my physician as to use of the equipment or participation in exercise activities. I further agree that if any circumstances occur which would impact my physician's medical clearance, I will notify the District and my physician of such.

2. I hereby acknowledge that I have participated in the Fitness Room orientation/training program provided by the District. I agree to follow all directions of the Fitness Room supervisor, and acknowledge that failure to follow such directions may result in the termination of my privilege to use the Fitness Room.

3. I understand that the supervision of the Fitness Room provided by the District is general in nature, and the Fitness Room supervisor is not responsible for supervising or monitoring the manner or intensity of my use of the equipment or participation in exercise activities.

4. I hereby acknowledge that my use of the District's Fitness room involves risks including possible injuries to bones, muscles, tendons and ligaments, dehydration, abnormal blood pressure, fainting and heart disorders (including heart attacks). Based on the foregoing, I assume all risks associated with my use of the District's Fitness Room.

5. I hereby release the Letchworth Central School District, its Board of Education, in both their corporate and individual capacities, its employees, agents and assigns, for all claims (of any nature) relating to my use of the District's Fitness Room, including, but not limited to claims for personal injury or death, and damage to or loss of personal equipment.

User's Signature

Date

If user is under 18 years of age the user's parent or guardian must also sign this form as acknowledgment and acceptance of the terms and conditions set forth herein on behalf of the user.

Signature of User's Parent/Guardian

Date