

WATERLOO CENTRAL SCHOOL DISTRICT



INFORMED CONSENT AND ASSUMPTION OF RISK AGREEMENT

Name: _____ Phone: _____
Address: _____ Email: _____
Emergency Contact: _____ Phone: _____

As a condition of using the Waterloo 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 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 restrictions 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 Center. I further acknowledge that I will be responsible for damaged or broken fitness equipment if I do not utilize it properly or follow the rules.
3. I understand that the Fitness Center supervisor is not responsible for supervising me 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 Fitness Center involves risks, such as possible injuries to bones, muscles, tendons and ligaments, dehydration, abnormal blood pressure, fainting and heart disorders (including heart attacks). I assume all risks associated with my use of the Fitness Center.
5. I hereby release the Waterloo Central School District, its Board of Education, its employees, agents and assigns (in both their corporate and individual capacities), for all claims whatsoever (of any nature) arising from and/or relating to my use of the District's Fitness Center, including, but not limited to claims for personal injury or death, and damage to or loss of personal equipment. I further agree to defend and hold each of them harmless from and against any and all liability, actions, causes of action, debts, claims, demands, or suits at law or in equity of any kind and nature whatsoever which may arise, directly or indirectly, by or in connection with the use of the Waterloo CSD Fitness Center.

(User's Signature) Date _____

PHYSICIAN'S MEDICAL CLEARANCE FORM

Name: _____ has requested use of the Waterloo Central School District's Fitness Center. The Fitness Center supervisor is not responsible for supervising persons utilizing the Fitness Center or monitoring the manner or intensity of a person's use of the equipment or participating in exercise activities.

If you know of any medical reason why participation by the applicant would be unwise, please indicate so on this form.

If you have any further questions about the facility, its equipment, or activities, please call the Waterloo Central School District's Athletic Office at 315-539-1557.

PHYSICIANS REPORT

I, _____ give clearance for
(physician's name, please print)
_____ to use weights and fitness machines
at the _____
(member's name, please print)
Waterloo Central School District's Fitness Center and participate in its exercise
the following recommendations and/or restrictions.

Specific Recommendations:

Restrictions:

Physician's Signature: _____

Physician's Address: _____

Physician's Phone #: _____ Date: _____

**WATERLOO CENTRAL SCHOOL DISTRICT
FITNESS ROOM
PARTICIPANT INFORMATION FORM**

Name: _____
(Last) (First) (M.I.)

Address: _____
(# and Street)

(Village/Town) (State) (Zip Code)

Phone: Home: _____ Work: _____

Email: _____

Emergency Contact: _____

Emergency Contact Phone: _____

Date of Birth: _____/_____/_____
 (mo.) (day) (yr.)

Sex: **M** **F** **Other** **Prefer not to Disclose**
 (circle one)

Circle: Faculty/Staff Retired Faculty/Staff Community Member (College/Active Military)

For Fitness Center Office Use Only

_____ **Physician's Medical Clearance Form**

_____ **Informed Consent and Assumption of Risk Agreement**

_____ **Starting Date: _____**