



**Eastern Lancaster County School District/Garden Spot High School Fitness Center Release Form**

I, the undersigned participant in ELANCO's Student and/or Adult Education Fitness and Weight Training Program(s), realize that a fitness, strength and conditioning program consists of a group of vigorous physical activities that include, but are not limited to, lifting and controlling weights, which may be greater than my own body weight, using proper techniques, and working with a wide range of fitness equipment. I further understand that a fitness and strength and conditioning program involves certain inherent risks and that regardless of the precautions taken by the ELANCO School District, its employees, its agents, and the participants in the fitness and strength and conditioning program, some injuries may occur. These injuries might include but are not limited to:

- 1. Cuts and Abrasions 2. Broken Bones, Muscle Pulls, and Permanent Ligament Damage 3. Serious Head, Neck, or Back Injury
4. Permanent Paralysis/ Quadriplegia 5. Death

These injuries may result from:

Failure to follow proper and safe techniques, which the instructor has reviewed with me. Failure to follow all posted rules in the fitness center. Failure to follow all instructions of the instructor.

Adhering to the following safety rules may lessen the likelihood of such injuries:

- 1. Never be in the fitness center without the instructor. 4. Use spotters and collars when appropriate.
2. Always return weights to the proper racks. 5. Report all injuries, no matter how minor, to the instructor.
3. Never deviate from your prescribed written program. 6. Read and follow all rules and policies posted in the fitness center.

In order to properly protect my own safety and that of my fellow participants, I agree to follow these rules as well as any others given me by the instructor. Further, in recognition of the importance of shared responsibility for safety, I agree to immediately report any noted deviations from the safety rules as well as any observed hazardous conditions or equipment to the instructor. I have carefully read the forgoing document and have had the opportunity to ask questions and have them answered. I am confident that I fully know, understand, and appreciate the risks involved in participating in a fitness and strength and conditioning program, and am voluntarily asking permission to participate. I further certify that my present level of physical condition is consistent with active participation in this class. I will provide the instructor, in writing, a complete list of all of my health conditions that might affect my ability to participate.

Signature of Participant

Date

Signature of BOTH Parent(s)/Guardian(s)- If a MINOR

Date

**WAIVER OF LIABILITY**

Additionally, I hereby release the ELANCO School District and its agents and its employees now, or in the future from legal claims and legal actions of any kind arising as a result of injuries sustained by me as a result of participation in the fitness center regardless of the cause of said injuries or actions taken or not taken by any employee or agent of the school district. I am freely agreeing to sign this release and it is legally binding on my heirs, executors, successors, my estate, and me.

Signature of Participant

Date

Signature of BOTH Parent(s)/Guardian(s)- If a MINOR

Date

**EMERGENCY PROCEDURE FORM**

Student's Name: \_\_\_\_\_ grade \_\_\_\_\_

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

Home Number: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_

In case of emergency, illness or accident to the child named above the school is authorized to proceed as indicated below:

(Number each contact 1, 2, 3, etc. in order of desired action)

- ( ) Contact Father (name & number) at: \_\_\_\_\_
( ) Contact Mother (name & number) at: \_\_\_\_\_
( ) Contact Family Physician (name & number): \_\_\_\_\_
( ) Take child to emergency hospital (name): \_\_\_\_\_
( ) Take child to any licensed physician \_\_\_\_\_

Person who might be contacted if neither parent can be reached (name & number): \_\_\_\_\_

Family Dentist (name & number): \_\_\_\_\_

List any allergies or medical conditions that should be noted: \_\_\_\_\_

In the event that I cannot be reached in an emergency I hereby give my permission to the attending physician to hospitalize, secure proper treatment for and to order injections, anesthesia or surgery for my child:

Signature of Parent/Guardian:

Date: