

INFORMED CONSENT
AND
ASSUMPTION OF RISK AGREEMENT

As a condition of using the Eden Central School District's Fitness Center, 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 completed the necessary paperwork for use of the Fitness Center equipment and participation in Fitness Center activities and returned to the district. I further acknowledge that I have consulted with my physician and attest that there are no ailments preventing participation in physical activity. I further understand that I will be solely responsible for monitoring the intensity of my use of the Fitness Center 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 Center users.
2. I understand that the nature of the supervision of the Fitness Center provided by the District is general in nature, and the Fitness Center Desk Attendant is not responsible for supervising or monitoring the manner or intensity of my use of equipment or participation in exercise activities.
3. I hereby acknowledge that my use of the District's Fitness Center involves risk including possible injuries to bones, muscles, tendons, 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 Center.
4. I hereby release the Eden Central School District and 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 Center, including but not limited to claims for personal injury or death, and damage to or loss of personal equipment.

I acknowledge and accept the terms and conditions set forth above for Eden Central School District's Fitness Center.

Participant: _____

Print Name

Signature: _____

Date: _____

Eden CSD Fitness Center 3150 Schoolview Road, Eden, New York 14057  716-992-3626

Fitness Center Participant Information Form

PRINTED NAME: (Must show picture ID)

Last First Middle

ADDRESS:

Street City Zip Code

PHONE:

Home # Cell #

Emergency Contact:

Name Cell #

EMAIL: _____

DATE OF BIRTH: ____/____/____
MM / DD / YYYY

Employee ☐ Eden Resident ☐ Senior ☐ Non Resident ☐

Member #: _____ Registration Date: _____

1 Month ☐ 6 Months ☐ Renewal ☐ Other: _____

Method of Payment: Check ☐ # _____ Cash ☐

Expiration Date: _____ Amount Paid: \$ _____

Receipt Number: _____