

Lewiston-Porter Fitness Center

Informed Consent and Assumption of Risk Agreement

Name: _____ Phone: _____

Address: _____

Circle one: Student Community Member LP Staff Senior Citizen (65+) College Student

Emergency Contact Name: _____ Phone: _____

As a condition of using the Lewiston-Porter Central School 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 obtained medical clearance from my physician for use of the fitness room's equipment and participation in the fitness room exercise activities. 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 exercise program, 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.
2. I hereby acknowledge that I have participated in the fitness room orientation program provided by the School. I agree to follow all directions of the fitness room staff 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 School, 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 School'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 School's fitness room.
5. I hereby release the Lewiston-Porter Central School, its Board, in both their corporate and individual capacities, its employees and supervisors for all claims (of any nature) relating to my use of the School's fitness room, including, but not limited to, claims for personal injury or death and damage to or loss of personal items.

(Signature)

(parent signature, if student under 18)

(Date)

*** Return this form to the Athletic Office***
The office is located in the High School