

VANDERCOOK LAKE PUBLIC SCHOOLS

Fitness Center

HEALTH

Name: _____ E-mail: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: (Home) _____ Work: _____ Cell: _____

Doctors Name: _____ Phone: _____ Date of Birth: _____

In case of emergency contact: _____ Phone: _____

Please indicate any medical conditions or special needs we should be aware of in the box below.

WAIVER

Participant, as a condition of using the School's physical fitness exercise equipment and following the School's exercise curriculum voluntarily stipulates and agrees as follows:

1. Participant acknowledges that any use of exercise equipment and/or training method's involves inherent risks of personal injury arising from or related to Participant's use of the School's physical fitness exercise equipment.
2. Participant, individually, and on behalf of and binding upon my heirs, executors, administrators and assigns, Hereby waives, releases and discharges the School, the District, and its authorized distributor, and their respective teachers, volunteers, directors, trustees, employees, board members, agents and other representatives (individually and collectively, the "Released Parties") from and against any and all damages, liabilities, claims, demands, causes of actions or suits of any kind or nature, including but not limited to attorney fees and court costs, against the Released Parties arising from or related to Participant's use of the School's physical fitness exercise equipment, whether known or unknown, including but not limited to incidental or consequential damages and all other damages of any kind or nature related thereto.
3. Participant represents the School, the District, to the best of the Participant's knowledge, as follows: I am physically capable of participating in the referenced exercise program. I do not suffer from any physical or mental condition and do not take medications which might limit my ability to do so, I am not pregnant. I have consulted with my person physician or have elected not to do so, and I will immediately notify the school in the event of any change in my physical or mental condition or other factors which might prevent of limit my participation in the referenced exercise programs.
4. Participant agrees to abide by the rules and regulations required by the School or participation in the referenced exercise program, and consents to the use of fitness assessment data related to my health, condition and fitness by the School for purposes of studies and analysis related to the ongoing development and improvement of the fitness program.

Participant's Signature

Date

Legal Guardian Signature
(required, unless participant is age 18 or over)

Date