

Lower Columbia College - Fitness Center

Assumption of Risk, Release, and Medical Consent for Exercise

Facilities Use Risk:

I, the undersigned, represent that I am physically able and qualified to participate in physical activities and the use of facilities provided by Lower Columbia College (LCC). I acknowledge and agree that LCC's services and facilities are to be used "AS IS" and shall be undertaken at my sole risk. I understand that there are inherent risks involved in physical activities and the use of the LCC Fitness Center, including but not limited to serious injury to virtually all bones, joints, ligaments, muscles, tendons and other aspects of the muscular-skeletal system and serious injury or impairment to other aspects of the body, health, and well-being including partial or total disability, paralysis and death as well as other foreseeable and unforeseeable damages, including damage to property. I understand that there is also a remote possibility that I might be exposed to bodily fluids (i.e. blood) which may contain the Hepatitis B agent or HIV virus. I acknowledge that I understand and have been informed of the risks associated with exercise and the use of exercise equipment at the LCC Fitness Center. I accept that this consent form does not spell out every possible risk or complication.

I KNOWINGLY AND VOLUNTARILY ACKNOWLEDGE MY FULL UNDERSTANDING OF RISKS AND ASSUME SUCH RISKS.

Voluntary Consent and Release:

In consideration for my use of the facilities at the LCC Fitness Center, I, the undersigned, hereby waive and relinquish any claims, rights and causes of action that I may have against LLC and its board members, employees, agents, successors and assigns, for any injuries or damages to me arising out of the use of the Fitness Center services or facilities, whether or not arising from acts of active or passive negligence on the part of LCC, its employees or agents. I hereby indemnify and hold harmless Lower Columbia College and its board members, employees, agents, successors and assigns, from any and all claims, demands, actions, costs or causes of action. The terms hereof shall serve as a release and assumption of risk for my heirs, executor and administrators and for all members of my family.

Emergency Medical Consent for Treatment:

I, the undersigned, authorize the staff of Lower Columbia College to act for me according to their best judgment in any emergency requiring medical attention. I will be responsible for all charges and fees incurred in obtaining medical attention including but not limited to care by health care professionals, hospital care, and ambulance or other services, regardless of whether or not my medical insurance would cover such charges and fees including attorney's fees and costs of defense relating to any such injuries and damage arising out of or resulting from my use of LCC's services or facilities. I hereby hold harmless and agree to indemnify Lower Columbia College, its employees, agents, successors and administrators and assigns from decisions to seek emergency treatment.

I certify that I am of lawful age and am competent to sign this statement of Assumption of Risk, Release and Medical Consent for Exercise.

I FULLY UNDERSTAND AND VOLUNTARILY SIGN THIS ASSUMPTION OF RISK, RELEASE AND MEDICAL CONSENT FOR EXERCISE IN CONSIDERATION FOR MY USE OF THE FACILITIES AT THE LCC FITNESS CENTER. I HAVE CAREFULLY READ THIS DOCUMENT, UNDERSTAND ITS CONTENT AND SIGNIFICANCE, AND AM FULLY INFORMED ABOUT THE FACILITIES AT LCC FITNESS CENTER AND AM SATISFIED THAT I CAN SAFELY USE THE FACILITIES AT THE LCC FITNESS CENTER.

Name: _____

Date: _____

Signature: _____

Student/Staff #: _____

DOB (dd/mm/yy): _____

Phone: _____

Emergency Contact: _____

Phone: _____

Authorized LCC Staff: _____

Date: _____