

Lower Columbia College Fitness Center
Assumption of Risk, Release & Medical Consent for Exercise



Facilities Use Risk:

I, the undersigned, represent that I am physically able and qualified to participate in physical activities and use of the facilities at the Lower Columbia College Fitness Center (LCCFC). I acknowledge and agree that LCCFC's services and facilities are to be used "AS IS," and shall be undertaken at my sole risk and personal responsibility. I understand that there are inherent risks involved in physical activities and the use of the LCCFC, including but not limited to serious injury to all bones, joints, ligaments, muscles, tendons, and other aspects of the muscular-skeletal system and serious injury or impairment to other aspects of my 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 possibility that I may be exposed to bodily fluids (i.e. blood) which may contain various contagious or harmful bacterias, viruses, pathogens, or other agents including Hepatitis B, HIV, etc. I acknowledge that I understand and have been informed of the risks associated with exercise and the use of exercise equipment and the facilities at the LCCFC. I accept that this consent form does not spell out every possible risk or complication that I may suffer or incur. **I KNOWINGLY AND VOLUNTARILY ACKNOWLEDGE MY FULL UNDERSTANDING OF ANY AND ALL POSSIBLE RISKS AND ASSUME ALL SUCH RISKS AS MY PERSONAL AND SOLE RESPONSIBILITY.**

Voluntary Consent and Release:

In consideration for my use of the facilities at the LCCFC, I, the undersigned, hereby waive and relinquish any and all claims, rights and cause of action that I may have against LCC, its board members, employees, agents, successors and assigns, for any injuries, damages, or death to me arising out of the use of the LCCFC, 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, its board members, employees, agents, successors and assigns, from any and all claims, demands, actions, costs and or causes of action. The terms hereof shall serve as a release and assumption of risk for myself, my heirs, executors and administrators and for all members of my family both now and in the future.

Emergency Medical Consent for Treatment:

I, the undersigned, authorize the staff at Lower Columbia College to act for me in any emergency situation requiring medical attention. I will be personally and solely responsible for all charges and fees incurred in obtaining medical attention including but not limited to care by health care professionals, hospital care, ambulance and or other services regardless of whether or not my medical insurance will cover such charges and fees including any and all attorney's fees and cost of defense relating to any injuries and or damages or death arising out of or resulting from my use of the LCCFC, its services, equipment, and 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 medical treatment on my behalf. 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 LCCFC. I HAVE CAREFULLY READ THIS DOCUMENT, UNDERSTAND ITS CONTENT AND SIGNIFICANCE, AND AM FULLY INFORMED ABOUT THE FACILITIES AT THE LOWER COLUMBIA COLLEGE FITNESS CENTER AND AM SATISFIED THAT I CAN SAFELY USE THE FACILITIES AND EQUIPMENT AT THE LCCFC.

Printed Name: _____

Date: _____

Signature: _____

MID#: _____

DOB (dd/mm/yy): _____

Phone #: (____) _____ - _____

Emergency Contact Name (print): _____

Phone #: (____) _____ - _____

Authorized LCC Staff Member Signature: _____

Date: _____