Assumption of Risk & Right to Deny Consultation

This is an important legal document, explaining the risks you are assuming by beginning an exercise program. It is important that you read and understand it completely. Please print legibly and sign your name at the bottom.

Assumption of Risk

I, _________________________________, have enrolled as a member of the Georgia College Wellness and Recreation Center to participate in a voluntary program of physical exercise. I have been informed of the inherent risks and possible dangers for some individuals associated with exercise. I acknowledge and accept the possibility of adverse changes occurring during exercise including, but not limited to, abnormal blood pressure, fainting, dizziness, disorders of heart rhythm, and very rare instances of heart attack, stroke, or even death. I am further aware that the risk of bodily injury also exists, including, but not limited to, muscles, ligaments, tendons, and joints of the body. I acknowledge and accept the risks associated with exercise, and it is my desire to participate at my own risk.

Due to my age and/or any “Yes” responses on the Physical Activity Readiness Questionnaire, I have been informed that I need a pre-activity consultation to assess my risk. I have also been notified a Physician’s Clearance may be requested before I begin participating in any physical activity. It is recommended all new members obtain an examination by a physician prior to involvement in any exercise program.

Right to Deny

I, _________________________________, have chosen not to have a pre-activity consultation or obtain a physician’s clearance prior to beginning my exercise program, and I hereby agree that I am doing so at my own risk.

I do here and forever release, discharge, and hereby hold harmless Georgia College and its respective agents, assigns, contractors, and employees from any and all claims, demands, damages, rights of action or causes of action, present or future, arising out of or connected with my participation in this or any exercise program, including any injuries resulting there from.

I acknowledge that I have read this document in its entirety and understand the above-mentioned information.

Member Signature: _______________________________ Date: __________________