

Release of Liability and Assumption of Risk For Fitness Activities at Monroe County Community College

If you are taking any of the following classes, you must sign this waiver and submit it prior to the first day of class. Only one form (per person) is necessary per semester. A parent or legal guardian must sign for anyone under 18 years old.

Personal Fitness Trainer Certification
Pilates & Yoga - all classes
Dance2Fit

Tae Kwon Do
Circuit Training
Kickboxing

Destination Dance
Willpower & Grace

Women's Self-defense
Children's Self-defense

I, the undersigned, in consideration of the use of physical fitness facilities at Monroe County Community College, declare and agree as follows:

- I acknowledge that all training and fitness/exercise activities carry with them the potential for personal property damage, personal injury, and death.
- I assume all risks of injury arising out of my participation in any college-sponsored fitness/exercise activity, including my use of any college-owned fitness equipment.
- I certify that I am physically fit and able to participate in fitness/exercise activities and have not been advised otherwise by a qualified medical person. I have received sufficient training for participation in any fitness activity and equipment use.
- I release and agree to indemnify Monroe County Community College and its trustees and employees from any and all liability, loss, damage, expense, or cost of any nature whatsoever for any and all claims that are known or unknown, foreseen or unforeseen, future or contingent, for personal injury or property damage arising out of fitness/exercise activities at Monroe County Community College.
- I agree that I shall not now or at any time in the future, directly or indirectly, commence or prosecute any action, suit or other proceedings against Monroe County Community College and/or its trustees and employees arising out of, relating to, or in connection with my use of any fitness equipment and/or my participation in any college-sponsored fitness/exercise activity.
- I consent to receive medical treatment which may be deemed advisable in the event of injury, accident, and/or illness during my participation in fitness/exercise activities at Monroe County Community College.
- I attest that I am of legal age to sign this form as a binding legal document in accordance with its intention.

I have carefully read this release of liability and fully understand its contents. I agree to assume all risks of injury associated with fitness activities at Monroe County Community College. I agree not to make a claim against Monroe County Community College if I am injured while using fitness equipment or engaged in fitness/exercise activities. I sign this agreement of my own free will.

Semester: Winter Spring Fall

Class Title

Print Participant's Name

Student ID# or last 4 digits of SSN

Date of Birth

Participant's Signature

Date

If the participant is under 18 years of age, a parent/legal guardian must sign below.

Print Parent/Guardian Name

Emergency Phone #

Parent/Guardian Signature

Date

*Return this form along with your registration form to the Office of Lifelong Learning.
You may also fax it to us at 734.687.6049.*