

CENTENARY FITNESS CENTER

INFORMED CONSENT AGREEMENT

Thank you for choosing to use the facility services and programs of the Centenary Fitness Center (CFC). We request your understanding and cooperation in maintaining both your and our safety and health by reading and signing the following informed consent agreement.

1. I declare that I intend to use some or all of the activities, facilities, programs, and services offered by the CFC and I understand that each person, myself included, has a different capacity for participating in such activities, serves, and programs offered that are either educational, recreational, or self-directed in nature. I assume full responsibility, during and after my participation, for my choices to use or apply, at my own risk, any portion of the information or instruction I receive.
2. I understand that part of the risk involved in undertaking any activity or program is relative to my own state of fitness or health (physical, mental, or emotional) and to the awareness, care, and skill with which I conduct myself in that activity or program. I acknowledge that my choice to participate in any activity, service, and program of the CFC brings with it my assumption of those risks or results stemming from this choice and the fitness, health, awareness, care, and skill I possess and use.
3. I further understand that the activities, programs, and services offered by the CFC are sometimes conducted by personnel who may not be licensed, certified, or registered instructors or professionals. I accept the fact that the skills and competencies of some employees and/or volunteers will vary according to their training and experience and that no claim is made to offer assessment or treatment of any mental or physical disease condition by those who are not duly licensed, certified, or registered and herein employed to provide such professional services.
4. I recognize that by participating in the activities, facilities, programs, and services offered by the CFC, I may experience potential health risks, including without limitation to: transient light-headedness, fainting, abnormal blood pressure, chest discomfort, leg cramps, and nausea and that I assume willfully those risks. I acknowledge my obligation to immediately inform the nearest supervising employee of any pain, discomfort, fatigue, or other symptoms that I may suffer during and immediately after my participation. I understand that I may stop or delay my participation in any activity or procedure if I so desire and that I may also be requested to stop and rest by a supervising employee who observes any symptoms of distress or abnormal response.
5. I understand that I may ask any questions or request further explanation or information about the activities, facilities, programs, and services offered by the CFC at any time before, during, or after my participation.

I declare that I have read, understand and agree to the contents of this informed consent agreement in its entirety.

Member Signature _____ Print Name _____ Date _____

AGREEMENT AND RELEASE OF LIABILITY

1. In consideration of gaining membership or being allowed to participate in the activities and programs of the CFC and to use its facilities, equipment, and machinery in addition to the payment of any fee or charge, I do hereby waive, release, and forever discharge the Centenary College of Louisiana and the CFC and its officers, directors, agents, employees, representatives, executors, and all others from any and all responsibilities or liability of injuries or damages resulting from my participation in any activities or my use of equipment or machinery in the above-mentioned facilities or arising out of my participation in any activities at said facility. I do also hereby release all of those mentioned and any others acting upon their behalf from any responsibility or liability for any injury or damage to myself, including those caused by the negligent act or omission of any of those mentioned or others acting on their behalf or in any way arising out of or connected with my participation in any activities of the CFC or the use of any equipment at the CFC.
2. I understand and am aware that strength, feasibility, and aerobic exercise, including the use of equipment are potentially hazardous activities. I also understand that fitness activities involve a risk of injury and even death and that I am voluntarily participating in these activities and using equipment and machinery with knowledge of the dangers involved. I hereby agree to expressly assume and accept any and all risks of injury or death.
3. I do hereby further declare myself to be physically sound and suffering from no condition, impairment, disease, infirmity, or other illness that would prevent my participation in any of the activities and programs of the CFC or use of equipment or machinery except as hereinafter stated. I acknowledge that I have either had a physical examination and have been given my physician's permission to participate, or that I have decided to participate in activity and/or use of equipment and machinery without the approval of my physician and do hereby assume all responsibility for my participation and activities and utilization of equipment and machinery in my activities.

*Member Signature _____

*Date _____

*If member is 17 years of age or younger, parent/guardian must sign.

*Minor's Name _____