

**Cuba-Rushford CSD
Informed Consent and Assumption of Risk Agreement**

Name: _____ Phone: _____

Address: _____

Emergency Contact: _____

Emergency Contact Phone: _____

As a condition of using the Cuba-Rushford Central School's fitness center, I acknowledge that I have read this form, fully understand it and agree to its terms and conditions.

1. I hereby acknowledge that I have obtained medical clearance from my physician for use of the fitness room's equipment and participation in the fitness room exercise activities. Proof of this clearance is provided by the enclosed medical clearance form, which can be faxed to 585-968-2651. I further understand that I will be solely responsible for monitoring the manner and intensity of my use of the fitness room's equipment and exercise program, and will do so in a way which will not jeopardize my health, safety or physical well-being, or the health, safety or well-being of other fitness room users. In particular, I agree that I am solely responsible for complying with any restrictions identified by my physician as to use of the equipment or participation in exercise activities. I further agree that if any circumstances occur which would impact my physician's medical clearance; I will notify the school and my physician of the circumstances.
2. I hereby acknowledge that I have read the fitness room orientation guidelines provided by the school. I agree to follow all directions of the fitness room staff and acknowledge that failure to follow such directions may result in the termination of my privilege to use the fitness room.
 (Initial)
3. I understand that the supervision of the fitness room provided by the school is general in nature and the fitness room supervisor is not responsible for supervising or monitoring the manner or intensity of my use of the equipment or participation in exercise activities.
4. I hereby acknowledge that my use of the school's fitness room involves risks, including possible injuries to bones, muscles, tendons and ligaments, dehydration, abnormal blood pressure, fainting and heart disorders (including heart attacks). Based on the foregoing, I assume all risks associated with my use of the school's fitness room.
5. I hereby release the Cuba-Rushford Central School, its Board, in both their corporate and individual capacities, its employees and supervisors for all claims (of any nature) relating to my use of the school's fitness room, including, but not limited to, claims for personal injury or death and damage to or loss of personal items.

(User's Signature)

If user is in 6,7 or 8th grade, the user's parent or guardian must also sign this form as acknowledgement and acceptance of the terms and conditions set forth herein on behalf of the user.

(Signature of user's Parent/Guardian)

(Date)

PLEASE RETURN COMPLETED FORM TO SUPERINTENDENT'S SECRETARY