



Cairo-Durham
CENTRAL SCHOOL DISTRICT

Wellness Center

Participation, Informed Consent and Assumption of Risk Agreement

School Year of Membership (Yearly renewal is required): _____

Are you: ☐ Faculty/Staff ☐ Community Member (District Resident)

Name: _____

Date of Birth: ____/____/____ Phone: _____

Address: _____

Emergency Contact: _____ Phone: _____

Existing member: Are there any changes to your Physician statement? ☐ Yes ☐ No

As a condition of using the Cairo-Durham Central School District's Wellness 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 Wellness Center's equipment and participation in Wellness Center exercise activities, and have provided proof of such to the District through a medical clearance form which is signed by my physician. I further understand that I will be solely responsible for monitoring the manner and intensity of my use of the Wellness Center's equipment and participation in its exercise activities, 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 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 District and my physician of such.
2. I hereby agree to follow all directions of the Wellness Center Supervisor, and acknowledge that failure to follow such directions may result in the termination of my privilege to use the Wellness Center.
3. I understand that the supervision of the Wellness Center provided by the District is general in nature, and the Wellness Center 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 District's Wellness Center 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 District's Wellness Center
5. I hereby release the Cairo-Durham Central School District, its Board of Education, in both their corporate and individual capacities, its employees, agents and assigns, for all claims (of any nature) relating to my use of the District's Wellness Center, including, but not limited to claims for personal injury or death, and damage to or loss of personal equipment.
6. I attest that this information provided is correct and that I will follow the guidelines of the Cairo-Durham Central School District Wellness Center.

(User's Signature)

(Date)

For Wellness Center Office Use Only

☐ Physicians Medical Clearance Form

Wellness Center Supervisor Signature: _____ Date: _____