

### Agreement to Participate

I, \_\_\_\_\_ hereby state that I am physically and mentally capable of *safe participation* in weight lifting, cardiovascular exercise and all fitness activities in connection with the use of Seminole Community College's Strength Training Center (henceforth referred to as the "Fitness Center"). I have been advised that the activities in the Fitness Center may include strenuous physical exertion, aerobic and anaerobic exercise and I have been advised to consult with a physician concerning my fitness to participate in these physical activities. Though few injuries or sicknesses ever occur, I am aware that participation could possibly lead to injuries or heightened exposures to common microorganisms that may require first aid or emergency medical treatment. I understand that I am responsible for the costs of any medical treatment arising from participation in physical activities related to the Fitness Center.

*I acknowledge that as a participant in these activities, it is my responsibility to abide by the rules and regulations applicable to the exercise activities, equipment, and facilities, to follow the directions of the Fitness Center personnel and to help ensure the safe conduct of the activity for all concerned.*

### Release of Liability

I assume all risks and hazards incidental to the conduct of this activity and hereby release Seminole Community College, its faculty, staff, agents, and employees (henceforth collectively referred to as Seminole Community College) from any claims for personal injury including death or property damage resulting from the acts or omissions of Seminole Community College. I hereby agree to indemnify, defend and hold harmless Seminole Community College from any and all claims from personal injury including death or property damage that may result from my participation in activities at the Fitness Center.

### Permission for Emergency Treatment

I hereby authorize Seminole Community College to obtain emergency medical treatment for me in the event that I am unable to give consent to such treatment and in the event that my parent(s), relative(s), guardian, next of kin or emergency contact person(s) cannot be reached, in order to protect and preserve my health and well being.

My signature below serves witness that I have completely read and understand this Agreement to Participate and have also received my own copy of and understand the rules and regulations governing the safe and proper use of the Fitness Center.

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Member Signature

Date

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Witness Signature

Date