

San Juan College Human Performance Center
AGREEMENT AND RELEASE OF LIABILITY

The facilities and activity programs offered by the SJC Human Performance Center have been designed and established to provide the optimum level of beneficial exercise and enjoyment without compromising the health and safety of those who utilize the facilities or participate in the activities. Because of the nature of the programs made available in the Human Performance Center and the equipment which is an integral part of many of the activities, there is an inherent risk of injury which characterizes any exercise activity resulting in a practical limitation placed on the Human Performance Center in its efforts to prevent injuries to participants, whether actively participating in exercises, utilizing the equipment, or taking advantage of the various other facilities at the Center. The Human Performance Center enlists your assistance in assuring that the facilities and the equipment are utilized in a proper manner so that the inherent risks which exist under the control of the Human Performance Center as well as those outside the control of the Center and partially within the control of each individual participant are minimized by the participant's thoughtful and cautious use of both the equipment and facilities.

In consideration of the above factors, the undersigned participant acknowledges the existence of risks in connection with these activities, assumes such risks, and agrees to accept the responsibility for any injuries sustained by him/her in the course of his/her use of the facilities and/or the equipment. More specifically, the participant acknowledges the following:

1. I understand and am aware that strength, flexibility, and aerobic exercise, including the use of equipment, are potentially hazardous activities. I also understand that fitness activities involve a risk of injury and that certain unhealthy changes may occur during my participation. They include, but may not be limited to, muscle or joint strain, abnormal blood pressure, fainting, disorder of heartbeat, and in rare instances heart attack, stroke, or even death. I am voluntarily participating with knowledge of the dangers involved. I hereby agree to expressly assume and accept any and all risks of injury or death.
2. I do hereby acknowledge that I have been informed of the recommendation for a physician's approval for my participation in an exercise/fitness activity, in the use of exercise equipment and machinery, or in the use of climbing equipment or activity. I also acknowledge that it has been recommended that I have at least an annual physical examination and consultation with my physician as to physical activity, exercise, and use of exercise and training equipment so that I might have recommendations concerning these fitness activities and equipment use.
3. 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.
4. Information that I possess about my health status or previous experiences of unusual feelings with physical activity may affect the safety and value of my fitness activities. My prompt reporting of feelings with physical activity are also of great importance. I am responsible to fully disclose such information to SJC Human Performance Center staff.
5. If I have any changes in my overall health status, it is my responsibility to inform the Human Performance Center staff immediately.
6. Any questions, comments, or concerns are encouraged. If I have any doubts or question, I may ask.
7. My participation in any physical activity at the Human Performance Center is voluntary. I am free to deny consent or stop participating at any point, if I so desire.

CLIMBING FACILITY

1. I understand and assume ALL risks associated with climbing activities whether specified or not. In recognition of the inherent risks of the climbing activity, which I, and any minor children for which I am responsible, will engage in, I confirm that I am (we are) physically and mentally capable of participating in the climbing activity and/or using the equipment. I/We participate willingly and voluntarily and I assume full responsibility for personal injury, accidents or illness, including death.
2. I expressly agree and promise to accept and assume all of the risks existing in climbing activities. My participation in this activity is purely voluntary, no one is forcing me to participate, and I elect to participate in spite of the risks.
3. I hereby voluntarily release, forever discharge, and agree to hold harmless and indemnify College from any and all liability, claims, demands, actions or rights of action, which are related to, arise out of, or are in any way connected with my participation in climbing activities, including those allegedly attributable to the negligent acts or omissions of College.
4. I, the undersigned, am aware of the San Juan College Safety Policy that requires use of a protective helmet for all climbing, and that the use of this protective helmet could prevent brain damage or death in the event of an accident. Against the advice of San Juan College, I am refusing to wear a protective helmet for all climbing situations and take full responsibility for my own decision in refusing this critical safety precaution. If I choose to wear a helmet at any time, it is my responsibility to request one.

Initials _____

Name of Event: FCYSL Indoor Soccer

PAR-Q and YOU

Regular physical activity is fun and healthy. Increasing activity is very safe for most people. However, some people should check with their doctor before they become more physically active. If you have any of the conditions listed below, we advise you to visit with your doctor before you begin increasing your physical activity:

1. Your doctor has informed you that you have a heart condition AND that you should only do physical activity recommended by a doctor.
2. If you feel pain in your chest when you do physical activity.
3. If in the past month, you have had chest pain when you were not doing physical activity.
4. If you lose your balance because of dizziness or you ever lose consciousness.
5. If you have a bone or joint problem that could be made worse by a change in your physical activity.
6. If your doctor is currently prescribing you drugs for blood pressure or a heart condition.
7. If you are over 69 years of age and not used to being very active.
8. If you know of ANY OTHER REASON why you should not do physical activity.

If you have any of the above conditions:

•Talk with your doctor BEFORE you start becoming much more physically active or BEFORE you have a fitness appraisal. Tell your doctor about the PAR-Q and which conditions pertain to you.

•You may be able to do any activity you want - as long as you start slowly and build up gradually. Or, you may need to restrict your activities to those, which are safe for you. We advise you to check with your doctor.

I hereby request the opportunity to participate in physical exercise at the San Juan College Human Performance Center. I hereby acknowledge that my participation is entirely voluntary on my part. I agree to indemnify and hold harmless San Juan College for any and all foreseen and unforeseen damages, injuries or accidents caused through my participation in a Human Performance Center program. I agree that I am responsible for my own safety. I agree that I am responsible for any damage, injury or accident caused by me to any person or property.

I have read this form and I understand its content. I consent to participate in fitness activities offered at the San Juan College Human Performance Center.

HIPAA – In compliance with HIPAA and State Regulations I have been given an opportunity to view San Juan College Health and Human Performance Center’s Notice of the Privacy Practices (copy available upon request).

Date of Birth: _____

Print Name: _____ Phone: _____

Mailing Address: _____ City, State, Zip: _____

Emergency Contact: _____ Phone: _____

List any medications you are currently taking: _____

Medication Continued _____

Datatel ID # (required)

Signature (Parent/Guardian if under 18)

Date

MUST HAVE SJC ID TO ENTER HHPC FACILITY