

Membership #: _____



Student ID: _____



Southern Regional Technical College Student Wellness Center Assumption of Risk

With my signature, I indicate that I have read the online orientation for the Student Wellness Center and understand and agree to its policies and procedures.

Member Signature: _____



Date: _____



Any physical activity has the risk of injury associated with it. The Southern Regional Technical College Student Wellness Center has, to the best of its ability, established policies to increase safety and decrease the danger. However, accidents may still occur and the center's members need to be aware of the potential for injury.

Furthermore, certain factors may increase the risk of injury. These risk factors include, but are not limited to, prior injury, being overweight, having high blood pressure, using any form of tobacco, being male and age of 45 or older, being female and age of 55 or older, having a relatively inactive (not exercising regularly) lifestyle, and having a family history of any cardiovascular disease. The SRTC Student Wellness Center strongly recommends that if any individual has more than one of these risk factors that he or she seeks the advice of a physician before beginning an exercise program. To further reduce the risk of injury, all individuals should begin new exercise programs a low levels of intensity and gradually increase the demands of exercise.

I, _____ (print your name legibly), do hereby understand and accept all responsibilities, rules, and policies and assume all risks associated with my participation as an authorized member of the SRTC Student Wellness Center. Furthermore, I accept all responsibility and assume all risks for each of the people listed below. I understand that certain factors may increase the risk of suffering some type of injury. I further understand that I should cease exercising and contact my physician if I experience any problems before, during, or after exercise sessions, such as dizziness; fainting or feelings of fainting; impaired vision; pain in the chest, neck, jaw area, or in the arms; shortness of breath; swelling in any of the joints; or unusual fatigue.

Student Name: _____ Date: _____

Parent/guardian signature: _____ Date: _____

Membership #: _____



Student ID: _____



**Southern Regional Technical College
Student Wellness Center
Release, Waiver of Liability, and Covenant Not to Sue**

The undersigned hereby acknowledges that participation in physical activities such as those offered through the Southern Regional Technical College Student Wellness Center involves a risk of bodily harm and injury and assumes all risks. Furthermore, the undersigned acknowledges and assumes the same risks and responsibilities of their minor dependents listed below. The undersigned hereby agrees that for the consideration of Southern Regional Technical College and its Student Wellness Center allowing the undersigned and their listed minor dependents to voluntarily participate in physical activities and, in conjunction therewith, the use of the facility, equipment, programs, grounds, and personnel of the institution, the undersigned participant and their minor dependents do hereby waive liability, release and forever discharge the Institution and the Technical College System of Georgia, its members individually, and its officers, agents and employees of and from any and all claims, demands, rights and causes of activity of whatever kind or nature, arising out of all known and unknown, foreseeable and unforeseeable bodily and personal injuries, damage to property and the consequences thereof; including death, resulting from voluntary participation in or in any way connected with such Wellness Center programs. I further agree that for the consideration stated above, I will not sue the Institution, the Technical College System of Georgia, its members individually, its officers, agents, or employees for any claim for damages arising or growing out of my voluntary participation in Student Wellness Center activities. Further, I understand that this release, waiver of liability, and covenant not to sue shall be effective during the entire period of my enrollment, employment, or SWC membership at the College.

I have received a copy of this document and I certify that I am of legal age and am suffering under no legal disabilities and that I have read the above carefully before signing.

Printed Student Name: _____

Parent/Guardian Signature: _____ Date: _____

Teacher/Group Leader Signature: _____