



**El Camino Community College  
Division of Health Science and Athletics**

**Fitness Center Waiver and Release Form**

The El Camino College Fitness Center invites participants to use the center during supervised hours. Usage outside of the hours of operation is restricted. The center is an excellent facility provided for the health and wellness benefit of faculty, staff, students, and administration and community members. We ask that all participants using the center follow the guidelines and procedures for the safety of participants, to maintain the equipment, and to assure cleanliness of the facility.

Participation is restricted to the following categories: current employees of the district, student currently enrolled in a kinesiology activity course and possessing a current ASB sticker, and community education students.

Prior to participation all members must:

- Present current student or employee identification (identification must be supplied at each visit)
- Present current ASB sticker (students)
- Complete Guidelines and Waiver form
- Watch online orientation video

I agree to adhere to the following guidelines: (Please initial)

\_\_\_\_\_ Usage outside of the hours of operation is prohibited as assistance or supervision is not available when closed.

\_\_\_\_\_ All participants must log in to access the Fitness Center.

\_\_\_\_\_ All participants must bring in a towel to wipe down equipment after use.

\_\_\_\_\_ NO Cell phone usage. Please step outside of the facility to take calls.

\_\_\_\_\_ Do not move or arrange equipment and/or exercise machines.

\_\_\_\_\_ Proper gym attire is required at all times (no sandals, open toe shoes/bare feet).

\_\_\_\_\_ Plastic water bottles are allowed. All other drinks, food, and glass containers are not allowed.

\_\_\_\_\_ All gym bags/purses are prohibited in the Fitness Center.

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## Waiver and Release

(Must be completed and on file prior to using the Fitness/Wellness Center)

I \_\_\_\_\_ have read and understand the fitness/wellness center policy and general room guidelines. I acknowledge a full understanding of the inherent dangers and risks associated with the use of this facility.

I acknowledge that participation in this facility is strictly voluntary and has not been requested or required by the El Camino Community College District. \_\_\_\_\_ (initials)

I acknowledge it is recommended that I seek approval from my physician before implementing an exercise regimen, as there may be significant health risks associated with exercising. I also understand that injury or death may result if equipment is not used properly. \_\_\_\_\_ (initials)

I declare myself to be physically sound and suffering from no condition, impairment, disease, infirmity, or other illness that would prevent my participation in any fitness/wellness facility activity. I acknowledge that I have either had a physical examination and have been given a physician's permission to participate in these activities, or I have decided to participate in these activities without the approval of my physician. \_\_\_\_\_ (initials)

I understand that the activities, facilities, programs, and services offered by the *El Camino College* Fitness Center may sometimes be conducted by persons who may not be knowledgeable, licensed, certified or registered instructors or professionals. I accept the fact that the skills and competencies of some *Fitness/Wellness Center* employees, agents, representatives, or volunteers will vary according to their training and experience and that no claim is made to offer assessment or treatment of any mental or physical disease or condition by those who are not duly licensed, certified or registered and employed to provide such professional services. \_\_\_\_\_ (initials)

I agree at all times to protect, indemnify, and hold El Camino Community College District, its Board of Trustees, officers, agents, employees, and volunteers free and harmless, and to provide legal defense, from any and all liabilities, claims, losses, judgments, damage, demands or expenses resulting from my use or occupancy of the District's Fitness/Wellness Center facilities. \_\_\_\_\_ (initials)

I agree to be responsible for the loss of or damage to any of the District's Fitness/Wellness Center facilities including any equipment to be used therein. **I further agree to reimburse the District for any equipment that is damaged as a result of my misuse.** \_\_\_\_\_ (initials)

I have been provided an opportunity to review instructions for the proper usage of all the equipment in the facility. I agree not to use any equipment unless I am familiar with its proper use. **I acknowledge that any violation of the guidelines may result in this privilege being withdrawn.** \_\_\_\_\_ (initials)

Name of Participant (print in all CAPS): \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Participant: \_\_\_\_\_

### For official use only:

Prepared by:

Student

District Employee

Date:

Community Education