



PARTICIPANT'S NAME _____ DATE RECEIVED _____

El Camino Community College Division of Health Science and Athletics

Fitness/Wellness Center Guidelines/Waiver and Release Form

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

SUPERVISORS OF THE FITNESS/WELLNESS CENTER FOR HEALTH AND WELLNESS ARE USUALLY NOT SPECIFICALLY EDUCATED IN FITNESS TRAINING OR IN MEDICAL EMERGENCY PROCEDURES. THEREFORE, YOU ARE USING THIS FACILITY AT YOUR OWN RISK.

Fitness/Wellness Guidelines

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 meet one of the qualifying categories:
 - Present current student or employee identification (identification must be supplied at each visit)
 - Present current ASB sticker (students)
 - Complete Guidelines and Waiver form
 - Attend an orientation

Participants are asked to adhere to the following guidelines:

- Participants are not allowed in the center without a supervisor present.
- Participants must sign/log in each time you use the center.
- Participants must report injuries to the facility or division office immediately.
- Please show respect for the equipment, facility, and toward others using the center.
- Do not move or rearrange the equipment and/or exercise machines. No horseplay or loud offensive language will be tolerated.
- Because the center is supervised by casuals, students, and volunteers please do not use equipment unless you are knowledgeable about how to use it. Use a spotter when lifting heavy weights and please do not drop or throw the weights. Keep hands and loose clothes away from weight stacks, cables, and pulleys.
- To assure that all participants are able to use the machines, please limit use of cardio machines to 30 minutes when others are waiting.
- Proper attire is required at all times: Shirts and athletic shoes must be worn. No sandals, open-toe shoes, or bare feet.
- Plastic water bottles are allowed. All other drinks, food, and glass containers are not allowed.
- The use of photographic equipment to take pictures of any person in the fitness center is prohibited without consent.
- Please wipe off equipment after use with sanitizer and paper toweling. Please pick up trash, towels, and personal belongings before leaving. Try to leave the center in better condition than when you arrived.
- No cellular phone use is allowed. No bags, books, or materials are allowed in the center.
- Consult your physician prior to undertaking exercise in the center.
- Participants must have a current ID and towel to exercise.

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.

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.

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.

I understand that the activities, facilities, programs, and services offered by the *El Camino College* Fitness/Wellness 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.

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.

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.

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 agree to follow all guidelines set forth in this document and as updated in the fitness/wellness center and I acknowledge that any violation of the guidelines may result in this privilege being withdrawn.

Name of Participant (please print clearly): _____ Date: _____

Signature of Participant: _____

For official use only:

Prepared by: _____ Date: _____

Student

- ID
- ASB (required)
- Waiver/Release
- Orientation

District Employee

- ID
- ASB
- Waiver/Release
- Orientation

Community Education

- Enrollment Verification
- Waiver/Release
- Orientation

Waiver and Release for Minors

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

As the parent/guardian of _____, 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.

As the parent/guardian of _____, I acknowledge that participation in this facility is strictly voluntary and has not been requested or required by the El Camino Community College District.

As the parent/guardian of _____, I acknowledge it is recommended that my child seek approval from his/her physician before implementing an exercise regimen, as there may be significant health risks associated with exercising. As the parent/guardian of _____, I understand that injury or death may result if equipment is not used properly.

As the parent/guardian of _____, I declare my child to be physically sound and suffering from no condition, impairment, disease, infirmity, or other illness that would prevent his/her participation in any fitness/wellness facility activity. As the parent/guardian of _____, I acknowledge that he/she has either had a physical examination and has been given a physician's permission to participate in these activities, or I have decided to allow my child to participate in these activities without the approval of his/her physician.

As the parent/guardian of _____, I understand that the activities, facilities, programs, and services offered by the *El Camino College Fitness/Wellness Center* may sometimes be conducted by persons who may not be knowledgeable, licensed, certified or registered instructors or professionals. As the parent/guardian of _____, 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.

As the parent/guardian of _____, 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 child's use or occupancy of the District's Fitness/Wellness Center facilities.

As the parent/guardian of _____, 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. As the parent/guardian of _____, I further agree to reimburse the District for any equipment that is damaged as a result of misuse by my child.

My child has been provided an opportunity to review instructions for the proper usage of all the equipment in the facility. My child agrees not to use any equipment unless he/she is familiar with its proper use.

My child agrees to follow all guidelines set forth in this document and as updated in the fitness/wellness center and as he/she acknowledges that any violation of the guidelines may result in this privilege being withdrawn.

Name of Participant (please print clearly): _____ Date: _____

Signature of Participant: _____

Name of Participant's Parent/Guardian (please print clearly): _____ Date: _____

Signature of Participant's Parent/Guardian: _____

For official use only:

Prepared by: _____ Date: _____

Student

- ID
- ASB (required)
- Waiver/Release
- Orientation

District Employee

- ID
- ASB
- Waiver/Release
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Community Education

- Enrollment Verification
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