



Welborn Foundation
Wellness & Fitness Center

Name: _____ Date of Birth: ____/____/____ C# _____

Phone: _____ E-mail: _____

Please circle one: Student Employee Community Member

**IVY TECH EVANSVILLE AGREEMENT AND RELEASE OF LIABILITY
PLEASE READ OVER CAREFULLY.**

1. In consideration of being allowed to participate in the activities and programs of the Wellness and Fitness Center and to use its facilities, equipment, and machinery, I do hereby waive, release and forever discharge Ivy Tech Community College-Evansville and their officers, agents, employees, representatives, executors and all others from any and all responsibilities or liability for injuries or damage resulting from my participation in any activities or my use of participation in any activities on and off campus at Ivy Tech Community College-Evansville. I do also hereby release all of those mentioned and any other acting upon their behalf from any responsibility or liability for any injury or damage to myself, including those caused by the negligent act or omission of any of those mentioned or others acting on their behalf or in any way arising out of or connected with my participation in any activities or use of any equipment at the Fitness Center.

(Please initial _____)

2. 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 even death and that I am voluntarily participating in these activities and using equipment and machinery with knowledge of the dangers involved. I hereby agree to expressly assume and accept any and all risk of injury or death.

(Please initial _____)

3. I do hereby further declare myself to be physically sound and suffering from no condition, impairment, disease, infirmity, or other illness that would prevent my participation in any of the activities and programs at Ivy Tech Evansville or use of equipment or machinery except as here in after stated. I do hereby acknowledge that I have been informed of the need for a physician's approval for my participation in an exercise/fitness activity or in the use of exercise equipment and machinery. I also acknowledge that it has been recommended that I have a yearly or more frequent 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. I acknowledge that I have either had a physical examination and have been given any 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.

(Please initial _____)

Print name

Date

Signature

Signature of Parent (if under 18)

Emergency Contact Name: _____ Phone: _____