



DEPARTMENT OF RECREATIONAL SPORTS

FITNESS PROGRAM WAIVER: PERSONAL TRAINING

Each participant in a University of Georgia Department of Recreational Sports Fitness & Wellness Personal Training class, event, or program assumes responsibility for conducting activities and using equipment in a proper, safe and recommended manner. Participation is voluntary and, if necessary, should be undertaken on the basis of personal medical advice. Completion of the Physical Activity Readiness Statement (PARS) is mandatory for participation. In addition, prior to exercising, it is recommended that you consult a physician if you are over 45 years (male) or 55 years (female) of age, have a known heart condition, have any of the major heart disease risk factors (high blood pressure, high blood cholesterol, diabetes, cigarette smoker, or family history of heart disease), are pregnant or severely overweight.

PHYSICAL ACTIVITY READINESS STATEMENT (PARS)

For most people, physical activity should not pose any problem or hazard. PARS is designed to identify the small number of adults for whom physical activity might be inappropriate or those who should have medical advice concerning the type of activity most suitable for them.

If you have experienced any of the following, vigorous exercise should be postponed and it is recommended that medical clearance be obtained.

1. Your doctor has said that you have heart trouble.
2. You frequently suffer from pains in your chest.
3. You feel faint or have spells of severe dizziness.
4. A doctor has said that your blood pressure was too high.
5. A doctor has told you that you have a bone or joint problem such as arthritis that has been aggravated or might be made worse by exercise.
6. There is good physical reason not mentioned here why you should not follow an activity program even if so desired.
7. You are over 55 and are not accustomed to vigorous exercise.

The instructors reserve the right to prohibit you from participating if you arrive after the warm-up or wear inappropriate apparel and/or shoes. You are encouraged to modify all classes in terms of intensity and impact to meet your current fitness needs and conditioning level.

In consideration of being permitted to participate in this activity and in full recognition and appreciation of any and all possible dangers and hazards in this program, I, for myself, my heirs, successors and assigns do hereby release The University of Georgia, the Board of Regents of the University System of Georgia, its officers, agents, representatives, and employees, from any and all demands, causes of action and claims of liability for any and all trauma, injury, damage, expense, handicap, disability or death which might or does result from my participation in this fitness program. No judgment of my fitness level was exercised by the University in allowing me to participate in the fitness program

My signature indicates that I have fully read and understand this Fitness Program Participant Waiver and that I assume all risks incurred by my participation in this fitness program.

| | | |
|------------------------------|-------|--------------------|
| _____ | _____ | X _____ |
| Participant Name (printed) | Date | Signature |
| X _____ | _____ | _____ |
| Witness Signature | Date | Participant UGA ID |

Fitness & Wellness Program Waiver

RELEASE, WAIVER OF LIABILITY, COVENANT NOT TO SUE AND LIKENESS RELEASE

(READ CAREFULLY BEFORE SIGNING)

I, _____, hereby acknowledge my awareness that my participation in the University of Georgia Department of Recreational Sports Fitness Programs for the 2012 - 2013 Academic Year (August 2012 - July 2013), may involve activities which include, but are not limited to, the following: stretching, weight-lifting, running, jumping, kicking, boxing, kick-boxing, yoga, indoor cycling, dancing, step aerobics, martial arts, strength training and boot-camp training. It may also involve training activities which use various types of strength and conditioning equipment which include, but are not limited to, the following: inflatable exercise ball, medicine ball, stationary exercise bicycle, hand weights, free weights, weight machines, a step, resistance bands, jump rope and/or other strength and conditioning equipment.

I also understand that my participation in the aforementioned activities may expose me to risks of property damage and bodily or personal injury, including injury that may be fatal, and any one or more of the following: injury from tripping and falls; foreseen and unforeseen inclement weather; cuts; abrasions and puncture wounds, broken bones; muscle strains and sprains; concussions; loss of consciousness; and heart attack. In addition, I understand that I may be exposed to other risks which may not be foreseeable. I have been informed and understand that there are inherent risks and dangers involved in this activity. I knowingly and freely assume any and all such risks and voluntarily participate in this activity. I understand that it is my responsibility, as the participant, to engage only in those activities for which I have the prerequisite skills, qualifications, preparation and training.

I acknowledge that I must follow the instructions of the activity leader at all times. In addition, I understand that none of the following entities provides insurance coverage for my participation in the University of Georgia Department of Recreational Sports Fitness Programs for the 2012-2013 Academic Year and that it is strongly recommended that I obtain my own accident and health insurance prior to participating: The University of Georgia, the Board of Regents of the University System of Georgia, and/or the Department of Recreational Sports.

In exchange for the use of equipment, materials, supplies and for being allowed to participate in this program, I hereby release and forever discharge the University of Georgia, the Board of Regents of the University System of Georgia, their members individually and their officers, agents and employees from any and all claims, demands, rights, expenses, actions, and causes of action, of whatever kind, arising from or by reason of any personal injury, bodily injury, property damage, or the consequences thereof, whether foreseeable or not, resulting from or in any way connected with my participation in this activity.

I hereby irrevocably consent to and authorize the use by the Board of Regents of the University System of Georgia by and on behalf of the University of Georgia, its officers and employees of the undersigned's image and/ or likeness as follows: The University shall have the right to photograph, publish, re-publish, adapt, exhibit, reproduce, edit, distribute, display or otherwise use or reuse the undersigned's image and/or likeness in connection with any product or service in all markets, media or technology now known or hereafter developed in University's products or services. The undersigned acknowledges receipt of good and

(Turn Over - More Information & Signature(s) on Back)

valuable consideration in exchange for this Release, which may be the opportunity to represent the University in its promotional and advertising materials.

I hereby waive the right to inspect or approve my image or any finished materials that incorporate my image. I understand and agree that my image will become part of the University's photograph file and that it may be distributed to other organizations or individuals for use in publication. I also understand that I will receive no compensation in connection with the use of my image.

I further covenant and agree that for the consideration stated above, I will hold forever harmless and will not take legal action against the University of Georgia, the Board of Regents of the University System of Georgia, its members individually, and their officers, agents, and employees for any claim for damages arising or growing out of my participation in this activity whether caused by negligence or otherwise.

I certify that I am at least 18 years of age OR that my parent/legal guardian has also signed below because I am under 18 years of age. This consent is given freely and voluntarily by the undersigned without coercion, duress, threat or promise of any kind. I certify that I understand and have read the information on the first page and the information above carefully before signing. I understand that I am not subject to any adverse action if I do not sign.

SIGNATURE OF PARTICIPANT

DATE

PRINTED NAME

SIGNATURE OF PARENT/LEGAL GUARDIAN
IF PARTICIPANT IS UNDER 18 YEARS OF AGE

DATE

PRINTED NAME