Florida Southern College
Nina B. Hollis Wellness Center
WAIVER

Welcome to the Florida Southern College Nina B. Hollis Wellness Center (HWC). We request your understanding and cooperation in maintaining both your safety and health by reading and signing the following informed consent agreement.

This is to certify that _____, ID#_____ is in good health and in soundness of body that warrants his/her usage of the Florida Southern College Hollis Wellness Center facilities, activities, programs and services as outlined by the HWC Policies and Procedures. Also, I certify that said participant has no known recent exposure to a contagious disease and has had no operation or serious illness that would restrict his/her usage.

I understand that any activities initiated at this facility may create physical stress and subsequent harmful effects. I agree that it is solely my responsibility and not the responsibility of the facility to require me to consult a physician prior to commencing any exercise program, to remain under medical supervision if that is indicated, and to seek any follow-up medical assistance following the event of an injury. I understand that the use of the facility, activities and any use of its equipment entails some risk of accidental injury to myself and others, and I agree that I will use such equipment and facilities with due care.

I acknowledge my obligation to immediately inform the nearest supervising employee of any pain, discomfort, fatigue, or any other symptoms that I may suffer during and immediately after my participation. I understand that I may stop or delay my participation in any activity or procedure if I so desire, and that I may also be requested to stop and rest by a supervising employee who observes any symptoms of distress or abnormal response.

Included in this agreement, I promise to abide by all HWC Policies and Procedures of the facility. I understand that any breech of these guidelines may result in the loss of the privilege of facility use.

I hereby waive, release, and forever discharge the facility and its employees from all claims, suits, losses, or related causes of action from damages, including, but not limited to, such claims that may result from my injury or death, accidental or otherwise, during or arising from my participation.

I have had an opportunity to ask questions. Any questions I have asked have been answered to my complete satisfaction. I subjectively understand the risks of my participation in this activity, and knowing and appreciating these risks I voluntarily choose to participate.

_____ _____

STAFF DATE PARTICIPANT SIGNATURE DATE