HEALTH & WELLNESS CENTRE WAIVER

Utilising the College Wellness Centre and /or Fitness Classes

Family Name …… **First Name** ……

Date of Birth: …… **Phone Number:** ……

Address: ……

Emergency Contact (Name & Phone Number) ……

Do you suffer or have you suffered from any of the following conditions: (please tick)

☐ Heart Attack
☐ Anaemia
☐ Chest Pain
☐ Hernia
☐ Diabetes
☐ Other……
☐ High Cholesterol
☐ Stroke
☐ Cancer
☐ Hypertension
☐ Arthritis

If you answer **Yes** to any of the above, please provide details:

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Are you pregnant or under the care of a doctor for a medical condition that reduces your ability to physically exercise: YES / NO

Physical exercise can be strenuous and subject to risk, Saints Catholic College (SCC) has a legal responsibility to suggest you obtain a physical examination from a doctor before participating in any exercise activity.

Participants under 18 years of age will be required to be supervised by guardian/group leader

Assumption of Risk:
I acknowledge that I am voluntarily utilising the equipment and participating in the fitness class(es) provided by the Provider. I understand that physical exercise, by its very nature, carries with it certain inherent risks, including but not limited to physical injury, strain, discomfort, and even the possibility of serious injury or death. I hereby assume all risks and responsibility for any such injuries or other medical incidents.

Waiver and Release:
I hereby release, waive, discharge, and agree not to sue the Provider, its employees, representatives, affiliates, or agents from any claims, demands, liabilities, rights, damages, expenses, and causes of action of any nature arising out of or in connection with my participation in the fitness class(es) and use of the College Wellness Centre Facilities, whether caused by the negligence of the Provider or otherwise.

I, the undersigned, hereby acknowledge and understand that use of the College Wellness Centre Facilities and participation in fitness classes and related activities conducted by Saints Catholic College involves certain risks and potential dangers. By signing this waiver, I voluntarily agree to participate in the class and assume all risks associated with my participation.

Medical Representation:
I represent that I am physically fit to participate in the fitness class(es) and use the equipment and have no medical condition that would prevent my safe participation. If I have any medical conditions or concerns, I have consulted with a healthcare provider and obtained clearance to participate.

Consent to Medical Treatment:
I hereby consent to receive any necessary medical treatment resulting from my participation in the fitness class(es) and use of the equipment and agree to bear all costs associated with such treatment.

Hours of Usage:
The College Wellness Centre is reserved for female residents during these designated women's-only session times:
Every night | 8:00 pm – 10:00 pm

Hours of usage are restricted due to its location within a residential building on college. These include female only exercise times and all males must vacate the centre during these times. **There are no exceptions to this rule.**

Acknowledgment:
I have read this Health & Wellness Centre Waiver, understand its contents, and agree to be bound by its terms. I understand that I am giving up substantial legal rights by signing this document.

Full Name……..

Signature…….

Parent/Guardian Signature (if under 18): ……..

Date: ……