

PDS WELLNESS CENTER
ASSUMPTION OF RISK / INDEMNIFICATION / WAIVER AND AGREEMENT FORM
for Students

***Please read carefully and sign both sides of this agreement before
participating in any activity in the PDS Wellness Center.***

Acknowledgement of Physical and Emotional Injury Risks

I, the undersigned, acknowledge and agree that any physical fitness program carries an inherent risk of injury and should be preceded by a complete physical examination by a doctor. Any type of equipment used in connection with a workout /fitness routine can be a dangerous activity involving many risks of injury. I understand that such risks include, but are not limited to death, serious neck and spinal injuries which may result in complete or partial paralysis, brain damage, serious injury to internal organs, serious injury to bones, joints, ligaments, muscles, tendons, and other skeletal components, and serious injury of impairment to other aspects of the body, general health and well being. I understand that such risks also include, but are not limited to serious impairment of the injured party's future ability to earn a living, to engage in other business, social, and recreational activities, and generally to enjoy life. I also understand the emotional risks involved as well as the emotional risks connected to any physical injury, which may result (i.e., stress, tension, depression, etc.). I understand and agree because of the dangers of participating in any activity in the Wellness Center it is imperative to follow instructions regarding proper use of the fitness center.

Acceptance of Assumption of Risk/Indemnification/Waiver

I have read and understand the above physical and emotional risks warning and agree to assume any and all risks of physical or emotional injury and any results from such injuries as long as my dependent is or I am a student, faculty, or staff of Providence Day School. I further agree to obey any and all rules (see reverse side), regulations, and follow specific instructions given by coaches and / or their support personnel, either employed by Providence Day School or acting under the direction of Providence Day School personnel in use of the Providence Day School Wellness Center.

I hereby agree to indemnify and hold harmless Providence Day School collectively and individually, its employees, agents, representatives, medical personnel, in any activities related to using the Wellness Center. The terms hereof shall serve as a waiver, release and assumption of risk for my heirs, estate, executor, administrator, assignees, and for all members of my family. I acknowledge that even if I follow all working directions and I exercise utmost personal care there will remain a certain irreducible inherent risk to a personal fitness program, and I accept that risk.

Signature*

Date

Print your name and grade here

*** under age 18 must have a parent/guardian signature**

Parent/Guardian

Date

WELLNESS CENTER RULES & ETIQUETTE

1. The wellness center may only be used by PDS students, alumni, faculty and staff.
2. No one is permitted to use the wellness center outside the posted hours of operation.
3. No one is ever permitted to work-out alone.
4. If you plan to use the wellness center and have not signed the use agreement form, please do so before beginning your workout.
5. Everyone must sign in and out each time he/she uses the facility.
6. Only athletic attire is permitted and must be worn at all times (sports bras and open shirts are prohibited).
7. Only athletic shoes are to be worn at all times (please no cleats, sandals, flip flops, crocs, or sports equipment).
8. No food or drinks at anytime. (nondisposable water bottles are allowed).
9. Neither profanity, nor any offensive behavior will be tolerated.
10. Loitering and/or horseplay are not permitted.
11. Any equipment defacement will not be tolerated (tampering with equipment, glass, mirrors, lights or stereo).
12. Please control free weights and exercise equipment at all times during lifts.
13. Please refrain from dropping dumbbells.
14. Please put away stray equipment and properly restore equipment to designated location after each use.
15. Only wellness center staff is permitted to use the stereo equipment.
16. Please sanitize equipment after each use.

*** VIOLATION OF ANY OF THESE RULES AND STANDARDS WILL RESULT IN
VERBAL THEN DOCUMENTED WARNINGS. ANY ADDITIONAL VIOLATIONS
WILL RESULT IN WELLNESS CENTER SUSPENSIONS***

I have read the rules and regulations of the Providence Day School Wellness Center.

Student

Print Name

Date
