

**CENTRAL CLEMSON RECREATION CENTER**

**Assumption of Risk & Release of Liability**

I am voluntarily participating in a program, which will include physical exercise. I understand that strength, flexibility, and aerobic exercise, including the use of exercise equipment, is a potentially hazardous activity, involving a risk of injury and even, in rare instances, death. With knowledge of the risks involved. I voluntarily assume those risks.

To my knowledge, I am not suffering from any condition, impairment, disease, infirmity or other illness that would prevent my participation in fitness activities, including the use of exercise equipment. If my physician has recommended limitation on exercise, I agree to follow his/her guidance. It is recommended that I have a yearly or more frequent physical examination and consultation with my physician as to physical activity, exercise and use of the exercise equipment.

In consideration of the right to use the Central/Clemson Recreation Center and/or to participate in fitness programs, I hereby release the Central/Clemson Recreation Center and its officers, agents, employees, and representatives from any and all liability for injuries or damages, present or future, resulting from my participation in fitness activity and my use of the exercise equipment.

*We strongly recommend that you have your Physician fill out a consent form allowing you to participate in physical exercise. If you refuse to have your physician sign a consent form, please initial here\_\_\_\_\_.*

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**For Individuals under the age of 18 only:**

\_\_\_\_\_  
Print Name of Minor

By signing for the minor listed above, I represent that I am their parent or legal guardian, I, on behalf of this minor, hereby make the representations above, assume the risks described above, and release the Central/Clemson Recreation Center and its agents from the liability described above.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date