

Coahoma Community College Fit for Life Healthy Campus Initiative Release of Liability and Consent Form

I understand that I should consult with my personal physician before I begin or continue any exercise program, including the programs offered by Coahoma Community College Fit for Life Healthy Campus Initiative. I am also aware that exercise may offer health benefits such as improved cardiorespiratory function, energy, and strength, greater ability to lose or maintain weight, and protection against disease.

I also understand and agree that the Coahoma Community College Fit for Life Healthy Campus Initiative (i) may at any time, in its sole discretion, require me to get a physician's consent before I can use Coahoma Community College's facilities/programs; (ii) may at any time, in its sole discretion, determine that I am not well enough to use the Coahoma Community College's facilities/programs; (iii) shall collect information relating to my personal fitness and health information in order to provide me fitness related services, but under no circumstances shall such information be shared with, or disclosed to, Coahoma Community College, its subsidiaries and affiliates or any of their respective owners, officers, directors, employees or other representatives. I consent to the use of my personal fitness and personal health information by Coahoma Community College in order to provide fitness services to me and to evaluate my fitness to use the Facility.

In consideration for being able to use the facility or being permitted to participate in their programs, I hereby release, discharge, and covenant not to sue in the future, Coahoma Community College, its subsidiaries and affiliates, and any/all of their directors, officers, employees, agents, successors and assigns, and any/all of their directors, officers, employees, agents, successors and assigns with respect to any and all claims, demands, actions, or causes of action whatsoever, including claims arising from the negligence of any person or party, and from any and all liability for any loss or property damage or personal injury of any kind, nature, or description, including death, that may arise or be sustained by me during or related to my use of the facility or participation in the programs provided by either or both. This release specifically includes but is not limited to exercise or increased activity, fitness testing, dietary changes, equipment usage, class participation, outdoor activities, recreational team participation, or any other use while in or about the facility premises.

I hereby consent to having pictures appear in electronic media, print publications, or any form of advertisement the, Coahoma Community College Fit for Life Healthy Initiative along with Blue Cross & Blue Shield, Blue Cross & Blue Shield of Mississippi Foundation, and their affiliates/counterparts, might choose to release. I understand that my pictures may be on display in accordance with any of the above mentioned parties. I further acknowledge that my name may or may not be used in connection with the pictures.

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UNDERSTANDING BETWEEN PARTIES

I understand that I may be required to provide a signed Physician's Clearance Form if certain health status changes are discovered based upon a review of my updated PHYSICAL ACTIVITY READINESS QUESTIONNAIRE. Furthermore, I understand that if I already have an existing Physician's Clearance Form on file I will be required to provide an updated form prior to its expiration date. I have re-read this form and have had the opportunity to ask questions and consult my attorney if I so chose. I have sufficient information to give my informed consent to (continue to) participate in the exercise program. I further state that to the best of my knowledge, I am in good physical and mental condition to safely exercise independently at the wellness center. I am not aware of any condition that would prevent me from physically or mentally participating in the health screenings and exercise programs.

POTENTIAL RISKS

I understand that the health screenings and/or exercise programs I wish to participate in have certain risks. The reaction of the heart, lungs, and vascular system to such exercise cannot always be predicted with complete accuracy. I know there are risks to certain abnormal changes occurring during or following exercise, which may include and not limited to blood pressure abnormalities, cardiac arrhythmia's, stroke, heart attack, and in rare instances cardiac arrest, Use of weight lifting equipment and engaging in heavy body calisthenics can lead to musculoskeletal strains, pain and injury if adequate warm-up, gradual progression and safety procedures are not followed. Equipment is inspected and maintained on a regular basis. I have been encouraged to have a physical examination by my family physician before beginning the exercise program.

I have read the foregoing information and understand it. Questions, which may have occurred to me, have been answered to my satisfaction. I am free to deny answers to specific items or questions during interviews or when filling out questionnaires. The information, which is obtained, will be treated as privileged and confidential and will not be released or revealed to any person without my express written consent. The information obtained, however, may be used for statistical and/or scientific purposes for Coahoma Community College Fit for Life Healthy Initiative with my right to privacy retained.

I HEREBY AFFIRM THAT I HAVE READ AND FULLY UNDERSTAND THE ABOVE STATEMENTS.

Participant Name (Please Print): _____

Participant's Signature: _____ Date: _____