

**PINE VALLEY CENTRAL SCHOOL DISTRICT**  
**FITNESS ROOM AND POOL ACTIVITY**  
**INFORMED CONSENT, ASSUMPTION OF RISK AGREEMENT AND RELEASE**

User Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ EC Phone: \_\_\_\_\_

As a condition of using the Pine Valley Central School District's Fitness and Pool Activity Programs, I acknowledge I have read this form, fully understand it and agree to all its terms and conditions as follows:

1. I have obtained medical clearance from my physician for use of the Pool and Fitness Room's equipment, participation in Pool and Fitness Room exercise activities and associated activities. I further understand I will be solely responsible for monitoring the manner and intensity of my use of the Pool, Fitness Room's equipment and participation in all exercise and other activities and will do so in a way which will not jeopardize my health, safety or physical well-being, or the health, safety or well-being of other Pool and Fitness Room users. In particular, I agree I am solely responsible for complying with any restrictions identified by my physician as to use of the Pool, Fitness Room, their related equipment or participation in exercise activities. I agree that if any circumstances occur which would impact my physician's medical clearance, I will immediately modify or discontinue my use of and activities in the Pool and the Fitness Room. I further understand that if I so choose to continue use of the Fitness Room or Pool under these circumstances, it will be at my own risk;
2. I agree to follow all directions of the Lifeguard and Fitness Room Supervisor and acknowledge my failure to follow such directions may result in the termination of my privilege to use the Pool and Fitness Room;
3. I understand that the supervision of the Fitness Room provided by the District is general in nature, and the Fitness Room Supervisor is not responsible for supervising or monitoring the manner or intensity of my use of the equipment or participation in exercise activities;
4. My use of the District's Pool and Fitness Room involves risks including possible injuries to bones, muscles, tendons and ligaments, dehydration, abnormal blood pressure, fainting and heart disorders (including heart attacks) and death. Based on the foregoing, I assume all risks associated with my use of the District's Pool and Fitness Room and their related equipment; and
5. **By signing this form and using the District's Pool and Fitness Room and any related equipment, I hereby assume all risks of damage, injury or death, and I release from any and all liability and responsibility Pine Valley Central School District, its Board of Education in both their corporate and individual capacities, its employees, agents and assigns, for any damage, injury or death to my person or property or any third parties resulting from or related to in any way my use of the District's Pool and Fitness Room and their related equipment and any exercise activities, including but not limited to claims for personal injury or death. I further deem these waivers binding upon my heirs, representatives, successors & assigns.**

I AFFIRM I AM OF SOUND MIND AND BODY, AND I READ THIS FORM IN ITS ENTIRETY. I ACKNOWLEDGE AND ACCEPT THE TERMS AND CONDITIONS SET FORTH HEREIN.

USER'S SIGNATURE: \_\_\_\_\_

WITNESS' SIGNATURE: \_\_\_\_\_ DATE OF BOTH SIGNATURES: \_\_\_\_\_

*This agreement expires two years from the date of signature. Exp. Date: \_\_\_\_\_*