



# McComb Local Schools

Administration Office - 328 South Todd Street • McComb, OH 45858  
Mrs. Meri Skilliter, Superintendent • Mrs. Linda Clymer, Treasurer

## Informed Consent and Assumption of Risk Agreement

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

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

Emergency Contact: \_\_\_\_\_

Emergency Contact Phone(s): \_\_\_\_\_

As a condition of using the McComb Local School's Fitness Center I acknowledge that I have read this form, **have watched the instructional orientation video** on the school's web page at [www.mccomblocalschools.org](http://www.mccomblocalschools.org), and I fully understand it and agree to its terms and conditions.

1. I hereby acknowledge that I either (please initial ONLY ONE):
  - a. Waive the recommendation to seek medical advice before joining the center and participating in an exercise program \_\_\_\_\_ (initial here if this is your choice – only initial either A or B, not both)
  - OR
  - b. Have obtained medical clearance from my physician for the use of the fitness room's equipment and participation in the fitness center's exercise activities. Proof of this clearance is by providing the Physician's Medical Clearance Form provided by the school \_\_\_\_\_ (initial here if this is your choice).
2. I further understand that I will be solely responsible for monitoring the manner and intensity of my use of the fitness room's equipment and exercise program, and will do so in a way which will not jeopardize my health, safety or physical well-being, or the health, safety, and/or physical well-being of other fitness center users. In particular, I agree that I am solely responsible for complying with any restrictions identified by my physician as to the use of the equipment or participation in exercise. I further agree that if any circumstances occur or arise which would impact my physician's medical clearance, I will notify the school and my physician of the circumstances.
3. I agree to abide by the rules and guidelines provided to me at the time of joining the center, and any rules, guidelines, instructions, or recommendations of the fitness center or any of its supervisors, whether those rules, guidelines, etc., are provided to me at the time of joining, are posted in the center or by an individual

machine or apparatus, are part of the instructional orientation video I have watched, or verbally provided by the school, its employees, or fitness center monitors.

4. I hereby acknowledge that my use of the School's fitness room involves risks, including possible injuries to bones, muscles, tendons, and ligaments, dehydration, abnormal blood pressure, fainting and heart disorders (including heart attacks). Based on the foregoing, I assume all risks association with my use of the school's fitness center.
5. I hereby release McComb Local Schools, its Board, in both their corporate or individual capacities, its employees, agents, and supervisors for all claims (of any nature) relating to my use of the School's fitness center, including, but not limited to, claims for personal injury or death and damage to or loss of personal items.
6. I verify that I am over the age of 18 and have completed high school, UNLESS a student athlete, during a practice time, under the direct supervision of a school board approved coach.
7. All users must be an approved member or monitor with updated paperwork. Bringing a visitor, guest, or child is not permitted.
8. I understand that memberships are available for \$10 a month, \$50 for six months, or \$100 for a year. This is a single membership and entitles me to attend the exercise center anytime the center is open to the public. A membership card will be made for me to show to gain admittance, and I will be required to sign in upon arrival.

\_\_\_\_\_  
User's Signature

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Office Use Only:

Amount Paid: \$ \_\_\_\_\_ Date: \_\_\_\_\_

For the Period of \_\_\_\_\_ months OR \_\_\_\_\_ year \_\_\_\_\_ check# \_\_\_\_\_ or \_\_\_\_\_ cash