



FACILITY WAIVER AND RELEASE AGREEMENT

HEALTH & WELLNESS CENTER

WEIGHT ROOM

ACKNOWLEDGMENT, RELEASE, HOLD HARMLESS AND ASSUMPTION OF POTENTIAL RISK AGREEMENT

CENTRALIA COLLEGE HWC – WEIGHT ROOM

Print Student or Employee Name and I.D. Number

Date(s) or Period of Time

Only STUDENTS enrolled in classes with Centralia College or EMPLOYEES of the college are allowed to use athletic or fitness center facilities during scheduled dates/times when facilities are staffed with a Centralia College employee trained in use of facilities and related equipment.

In consideration of my being allowed to participate in the usage of the Weight Room, I hereby agree as follows.

- ❖ I understand and acknowledge that use of facilities and equipment may be dangerous and hazardous and, by its very nature pose the potential risk of severe and serious physical and emotional injury/illness, or even death.
- ❖ I understand and acknowledge that in order to use HWC Weight Room and equipment I agree to assume all liability and responsibility for any-and-all potential risks, injuries, or even death, which may be associated with use of such facilities and equipment. I represent and warrant that I am mentally and physically fit, capable, able, and willing to use facilities and equipment without any limitations.
- ❖ I understand, acknowledge, and agree that Centralia College employees, coaches, and teachers, shall not be liable for any injury/illness suffered by student or employee, which is incident to and/or associated with use of facilities and equipment.
- ❖ I hereby release, discharge, indemnify, and agree to hold harmless Centralia College and each of their employees, coaches, teachers free from any-and-all liability arising out of or in connection with use of the weight room and equipment. For purpose of this RELEASE, liability means all claims, demands, losses, causes of action, suits, or judgments of any kind that student or employee using facilities and equipment.
- ❖ I acknowledge that I have carefully read this Agreement and that I understand the potential dangers incident to engaging in this activity, I am fully aware of the legal consequences of this agreement, and agree to its terms and understand I am waiving certain rights and assuming the risk of damage from my use of facilities and equipment.

A signed Weight Room Facility Waiver & Release Agreement form must be on file with the Athletic Department before a person will be allowed to use the weight room facility or equipment. Employee or student, and/or parents or guardians, who do not wish to accept the risks described in this agreement should not sign this agreement, and will not be allowed to use the weight room.

The undersigned has read and voluntarily signs the release, waiver, and indemnity agreement and further agrees no oral representations and inducements apart from the foregoing have been made.

I HAVE READ THIS RELEASE AND AGREE TO ALL CONDITIONS CONTAINED THEREIN.

Student _____ Date _____

Parent/Guardian Signature _____ Date _____
(if student under 18 years of age)

Supervising Employee _____ Date _____

President or Vice President _____ Date _____