

McComb Local School

328 South Todd Street · McComb, OH 45858 · 419-293-3979

Mr. Tony Fenstermaker, 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.mccombschool.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.

Mr. Jeremy Herr
MS/HS Principal (7-12)
419-293-3853
419-293-3107 fax

Dr. Joyce Jackson
Elementary Principal (PreK-6)
419-293-3286
419-293-2412 fax

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.

User's Signature

Office Use Only:

Amount Paid: \$ _____ Date: _____

For the Period of _____ months OR _____ year ____ check# _____ or _____ cash