

Bainbridge State College Student Wellness Center Assumption of Risk

With my signature, I indicate that I have read the online orientation for the Student Wellness Center and understand and agree to its policies and procedures.

Member Signature _____ Date _____

Any physical activity has the risk of injury associated with it. The Bainbridge State College Student Wellness Center has, to the best of its ability, established policies to increase safety and decrease the danger. However, accidents may still occur and the center's members need to be aware of the potential for injury.

Furthermore, certain factors may increase the risk of injury. These risk factors include, but are not limited to, prior injury, being overweight, having high blood pressure, using any form of tobacco, being male and age of 45 or older, being female and age of 55 or older, having a relatively inactive (not exercising regularly) lifestyle, and having a family history of any cardiovascular disease. The BSC Student Wellness Center strongly recommends that if any individual has more than one of these risk factors that he or she seeks the advice of a physician before beginning an exercise program. To further reduce the risk of injury, all individuals should begin new exercise programs at low levels of intensity and gradually increase the demands of exercise.

I, _____ (print your name legibly), do hereby understand and accept all responsibilities, rules, and policies and assume all risks associated with my participation as an authorized member of the BSC Student Wellness Center. Furthermore, I accept all responsibility and assume all risks for each of my dependent members listed below. I also understand that certain factors may increase the risk of suffering some type of injury. I further understand that I should cease exercising and contact my physician if I experience any problems before, during, or after exercise sessions, such as dizziness; fainting or feelings of fainting; impaired vision; pain in the chest, neck, jaw area, or in the arms; shortness of breath; swelling in any of the joints; or unusual fatigue.

Member Signature _____ Date _____

Dependent Members **(For Alumni and Employees Only)** (Please print legibly)
