



GCC Fitness Center Student / Member Information Form

This section to be completed by Fitness Center staff.			
Course Subject (Fitness 500/PED)	Class Number/Section	Course End Date	✓ If visit was logged in FitTrac or Unrec Sheet.

Student/Member Information (Please print legibly)

Last Name: _____ First Name: _____

Student ID#: _____ Age: _____ Gender: _____

May be contacted via phone? Yes No If yes, Phone: (_____) _____

Would you like to join our email list? Yes No

If yes, Email address: _____

Emergency Contact Name: _____ Phone: (_____) _____

How did you hear about us? Email Flier Mailer Sidewalk board Newspaper Ad GCC Website

Insurance: _____ Friend: _____ Other: _____

Received and read current syllabus/Policies & Procedures:

Signature: _____ Date: _____

******* Instructor Use Only *******

Instructor Signature: _____ Date: _____

Print Name: _____

Notes: _____



GENERAL ASSUMPTION OF RISK & RELEASE OF LIABILITY

For Credit, non-Credit Students and Employees for MCCCC Fitness Centers

Caution: This is a release of legal rights. Read and understand it before signing.

The Maricopa County Community College District is a public educational institution. References to College ("College") include all of the Colleges within the Maricopa County Community College District ("MCCCD"), its officers, officials, employees, volunteers, students, agents, and assigns.

I, _____, ID/MEID# _____, freely choose to participate in the _____ Fitness Center (henceforth referred to as the "Program"). In consideration of my participation in this Program, I agree as follows:

RISKS INVOLVED IN PROGRAM: (Specific dangers endemic in this Program's activity)

Participation in any exercise program could result in serious injury or death through improper use of equipment, imprudent exercise practices beyond one's capability, preexisting medical condition(s), the use of medications or an exacerbation of a prior injury. Injuries such as, but not limited to, slips/trips/falls, strains, sprains, overexertion, etc. may occur.

HEALTH AND SAFETY: I understand it is my responsibility to consult with a medical doctor with regard to my personal medical needs. I state that there are no health-related reasons or problems that preclude or restrict my participation in this Program. I have obtained the required immunizations, if any.

I recognize that College is not obligated to attend to any of my medical or medication needs, and I assume all risk and responsibility therefore. In case of a medical emergency occurring during my participation in this Program, I authorize in advance the representative of the College to secure whatever treatment is necessary, including the administration of an anesthetic and surgery. College may (but is not obligated to) take any actions it considers to be warranted under the circumstances regarding my health and safety. Such actions do not create a special relationship between the MCCCC and me. I release the MCCCC, its officers, officials, employees, volunteers, students, agents and assigns from all liability for any bodily injury or damage I sustain as a result of any medical care that I receive resulting from my participation in Program, as well as any medical treatment decision or recommendation made by an employee or agent of the MCCCC. I agree to pay all expenses relating thereto and release College from any liability for any actions.

ASSUMPTION OF RISK AND RELEASE OF LIABILITY: Knowing the risks described above, and in voluntary consideration of being permitted to participate in the Program, I agree to release, indemnify, and defend College and their officials, officers, employees, agents, volunteers, sponsors, and students from and against any claim which I, the participant, my parents or legal guardian or any other person may have for any losses, damages or injuries arising out of or in connection with my participation in this Program.

SIGNATURE: I indicate that by my signature below that I have read the terms and conditions of participation and agree to abide by them. I have carefully read this Release Form and acknowledge that I understand it. No representation, statements, or inducements, oral or written, apart from the foregoing written statement, have been made. This Release Form shall be governed by the laws of the State of Arizona which shall be the forum for any lawsuits filed under or incident to this Release Form or to the Program. If any portion of this Release Form is held invalid, the rest of the document shall continue in full force and effect.

Signature of Program Participant (or legal guardian if student is a minor)

Date