

Burgess Fitness Center

Fitness Center Waiver and Release Form

The Burgess Fitness Center on the campus of Northeast Mississippi Community College is an excellent facility providing for the health and wellness benefit of faculty, staff, students, administration, and community members. We ask that all participants using the center **and outdoor fitness equipment** follow the guidelines and procedures posted around the facility for the safety of participants, to maintain the equipment, and to assure cleanliness of the facility.

Waiver and Release (Must be completed and on file prior to using the Fitness Center)

I, the undersigned, have read and understand the General Rules for Fitness Center Use. I acknowledge a full understanding of the inherent dangers and risks associated with the use of this facility, **outdoor fitness equipment** and/or any fitness/wellness activity occurring therein. I acknowledge that participation in this facility **and/or using the outdoor fitness equipment** is strictly voluntary and has not been requested or required by Northeast Mississippi Community College (NEMCC) or The Blue Cross Blue Shield Foundation. I acknowledge it is recommended that I seek approval from my physician before implementing an exercise regimen, as there may be significant health risks associated with exercising. I also understand that injury or death may result if equipment is not used properly.

I understand that in the event of accident or injury, personal judgment may be required by NEMCC employees, agents, representatives, or volunteers regarding what actions should be taken on my behalf. Nevertheless, I acknowledge that NEMCC and/or by NEMCC personnel may not legally owe me a duty to take any action on my behalf. I also understand that it is my responsibility to secure personal health insurance in advance, if desired.

I declare myself to be physically sound and suffering from no condition, impairment, disease, infirmity, or other illness that would prevent my participation in any fitness/wellness facility activity. I acknowledge that I have either had a physical examination and have been given a physician's permission to participate in these activities, or I have decided to participate in these activities without the approval of my physician.

In consideration for being permitted to participate in this program, and because I assume all risks involved, I hereby agree that I am responsible for any resulting personal injury, damage to or loss of my property which may occur as a results of my participation or arising out of my participation in the Burgess Fitness Center or any fitness/wellness activity occurring therein.

I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, hereby release, indemnify, and hold harmless NEMCC and Blue Cross Blue Shield Foundation, its officers, officials, agents students and/or employees ("Releasees") from any and all claims, demands, damages, rights of action or causes of actions, present or future, arising out of my use or occupancy of the Burgess Fitness Center or any fitness/wellness activity occurring therein, including any injuries arising from the negligence of the Releasees or otherwise, to the fullest extent permitted by law. I further state that I am at least eighteen (18) years of age and fully competent to sign this document; and that I execute this release for full, adequate, and complete consideration fully intending to be bound by the same.

I ACKNOWLEDGE THAT I HAVE THOROUGHLY READ THIS CONSENT AND RELEASE AND FULLY UNDERSTAND THAT IT IS A RELEASE OF LIABILITY. BY SIGNING THIS DOCUMENT, I AM WAIVING ANY RIGHT I OR MY SUCCESSORS MIGHT HAVE TO BRING A LEGAL ACTION OR ASSERT A CLAIM AGAINST NORTHEAST MISSISSIPPI COMMUNITY COLLEGE AND/OR BLUE CROSS BLUE SHIELD FOUNDATION FOR ANY INJURY SUSTAINED.

Printed Participant's Name (First and Last)

Signature of Participant

Date

*Signature of Parent or Guardian, if Participant is under age 18

Check box that applies:

- Student
- Faculty
- Community