

THE SCOTFORD FITNESS CENTER: RELEASE FORM AND INFORMED CONSENT

The Scotford Fitness Center has been designed to provide the optimum level of beneficial exercise and enjoyment without compromising the health and safety of its participants; yet because of the nature of the program and the equipment, which is an integral part of many activities, there is an inherent risk of injury. The Scotford Fitness Center enlists your assistance in assuring that the facilities and the equipment are utilized in a proper manner so that the inherent risks are minimized by thoughtful and cautious use of the equipment and facilities.

Whitworth College does not diagnose nor treat medical problems. The advice of a qualified health care professional should be sought for instruction on therapeutic use of or the side effects from use of any of the equipment.

In consideration of these factors, the undersigned participant acknowledges the existence of shared risks in connection with these activities, assumes such risks and agrees to accept the responsibility for any injuries sustained in the course of (1) the use of equipment; (2) participation in related as well as unsupervised activities which are made available in the gym, on the running track, or other activities that may take place outside The Scotford Fitness Center; (3) possible injuries or medical disorders arising from the participant's exercising at the facilities, such as heart attacks, stroke, heat stress, strains, sprains, fractures, or death; (4) accidents or injuries which occur within the facilities provided by Whitworth College, such as the locker rooms, dressing rooms, swimming pool, and showers.

The participant further acknowledges and accepts the rules and procedures concerning the use of the equipment and facilities of The Scotford Fitness Center.

WARNING: The Major Coronary Risk Factors are:

- (1) history of high blood pressure (above 145/95)
- (2) elevated total cholesterol/high density lipoprotein cholesterol ratio (above 5)
- (3) cigarette smoking
- (4) abnormal resting ECG--including evidence of old myocardial infarction, left ventricular hypertrophy, ischemia, conduction defects, dysrhythmias
- (5) family history of coronary or other atherosclerotic disease prior to age 50
- (6) diabetes mellitus

These factors, plus any others which may be complicated through exercise, should be determined by a physician prior to beginning this exercise program. Thus, The Scotford Fitness Center recommends that all participants undergo a complete physical examination, administered by a physician.

_____ I have chosen to undergo a medical exam by a physician of my choice.

_____ I am presently healthy and have chosen **not** to undergo a medical exam by a physician of my choice.

I certify that I have read and understood the contents of this release and that it is my intention, by signing the release, that the same be binding not only for me, but upon my heirs, administrators, executors, successors, and assigns regarding The Scotford Fitness Center and its programs.

Participant's Signature

Date

Witness's Signature

Date