



Fitness Room Permission Form for Minor Participant
Notice of Assumption of Risk - Waiver and Release

Participant's Name _____ Age _____ Date of Birth: _____ / _____ / _____

Parent/Guardian's Name _____ E-Mail _____

Work Phone# _____ Cell Phone# _____

Fitness Room Policy:

- Youth ages **9 -12** may use the Fitness Room with a current health physical, waiver signed by both youth & adult, and having attended a youth cardio equipment orientation.
- Teens ages **13-15** may use the Fitness Room with parent/guardian written permission, waiver signed by both youth & adult, attendance at the Fitness Room Orientation Class, and only with direct adult supervision.

I, the undersigned parent/guardian of the minor participant named above give my permission for said individual to exercise in the Fitness Room at St. Philip Lutheran School having met the Fitness Room Policy requirements listed above.

I understand that engaging in any physical exercise activity or using the Fitness Room for any purpose may pose a serious risk to health. I understand that it is strongly recommended that a physician be consulted prior to said minor participant commencing an exercise program or using the Fitness Room. I understand that after starting to use the Fitness Room, if said minor participant notices any changes in physical condition that may indicate a health risk by continued use of the Fitness Room, it is strongly recommended that a physician be consulted to insure that it is appropriate to continue to use the Fitness Room. I agree that if said minor participant uses the Fitness Room, they do so at their own risk.

I, on behalf of myself, my heirs, and executors, hereby release and discharge and covenant not to sue St. Philip Lutheran Church and School, its agents, officers and employees, from and for any and all liability for all loss or damages, and any claims or demands therefore, on account of injury to said minor participant's person or property, arising from use of the Fitness Room; and I agree to indemnify and hold St. Philip Lutheran Church and School and its agents harmless from any loss, liability, damage, or cost, including reasonable attorney fees that may occur as a result of or due to said minor participant's use of the Fitness Room; except where such loss, liability, damage, or cost results from the sole negligence of St. Philip Lutheran Church and School, its agents or employees.

I have read, understood, and voluntarily accepted the conditions of the Waiver of Liability/Release.

I have read, understand and agree to the Notice of Assumption of Risk - Waiver and Release for my Minor Participant.

Signature _____ Date _____
(Parent/Guardian)

Signature _____ Date _____
(Minor Participant)



St. Philip Lutheran School Fitness Room Code of Conduct

I hereby adhere to the following when using the St. Philip Lutheran School Fitness Center:

1. No "horseplay."
2. No guests/friends without a teacher's permission and supervision.
3. Any injuries or equipment issues MUST be reported to the teacher.
4. Respect must be shown to EVERYONE in the fitness room.
 - a. Proper workout attire, PE Uniform preferred (i.e. no street shoes, proper workout shirt required while working out in the fitness center).
 - b. NO food or gum. Water is permitted.
 - c. NO cell phone use.
 - d. Headphones only! Keep volume of headphones for iPod, AM/FM radio or CD player to a minimum.
5. Appropriate language and volume must be considered when conversing in the fitness room.
6. All machines must be used according to their intended purpose.
7. Unsupervised usage of the Fitness Room may be revoked if Code of Conduct is not adhered to.

I have read, understand, and agree to the St. Philip Lutheran School Fitness Room Code of Conduct. I understand that violations of these rules may cause my privileges to be revoked.

Signature _____

(Minor Participant)

Date: _____