

Continuing Education & Professional Development Physical Fitness students are required to submit a signed waiver at the time of registration. One waiver is needed per registration form. A signed waiver must be included with your registration form or your registration will not be processed. The waiver form is also available online www.schoolcraft.edu/publications/ces.asp

A doctor's review of your health is advised before starting any exercise program.

SCHOOLCRAFT COLLEGE Waiver of Liability Fitness Classes

Duplicate this form as needed.

In consideration for being allowed to participate in this activity, which I do freely and voluntarily for my own personal benefit, I hereby take action for myself, my executors, administrators, heirs, next of kin, successors and assigns to:

- A. Waive, release and discharge from any and all liability Schoolcraft College, its elected and appointed officials, employees, students, agents, and volunteers for my bodily injury, death, disability, personal injury, property damage, or property theft, or actions of any kind which may hereafter accrue to me.
- B. Indemnify and hold harmless Schoolcraft College, its elected and appointed officials, employees, students, agents, and volunteers, from any and all liabilities or claims made by other individuals or entities as a result of or relating to my participation in this activity.

I know that there may be risks associated with fitness classes and willingly accept those possibilities. I know that it is my responsibility to ensure my own safety. I take full responsibility for my own health and safety in participating in the fitness class and to the extent I deem advisable, will consult a physician before participating in any of the activities. I agree to pay all reasonable costs related to the classes, including any medical costs I incur.

Therefore, intending to be bound and as a condition of being allowed to participate in the fitness class, I have freely signed this waiver at the time of registration.

Print Participant Name: _____

Participant Signature: _____ Date: _____

Semester: _____ Date of Birth: _____ Student ID#: _____

If the participant is under 18 years of age, a parent or guardian must sign below on behalf of the participant.

Print Parent/Guardian Name: _____

Signature of
Parent or Guardian: _____ Date: _____