



Children's

INFORMED CONSENT & RELEASE AGREEMENT

Thank you for choosing to use the facilities, services, or programs of Rush Copley Healthplex Fitness Center. We request your understanding and cooperation in maintaining both your child's and our safety and health by reading and signing the following informed consent and hold harmless agreement.

I, the parent of _____ declare that he or she intends to use some or all of the activities, facilities, programs and services offered by Rush Copley Healthplex Fitness Center and understand that each person, (my child included), has a different capacity for participating in activities, programs and services. I am aware that all activities, services and programs offered are educational, recreational or self-directed in nature. I assume full responsibility, during and after my child's participation, for my child's choices to use or apply, at mine and my child's own risk any portion of the information or instruction he/she may receive.

I understand that part of the risk involved in undertaking any activity or program is relative to my child's own state of fitness or health (physical, mental or emotional) and to the awareness, care and skill with which he/she may conduct themselves in that activity or program. I acknowledge that the choice of my child to participate in any activity, service and program of Rush Copley Healthplex Fitness Center brings with it my assumption of these risks or results stemming from this choice and the fitness, health, awareness, care and skill that he/she possesses and use.

I further understand that the activities, programs and services offered by Rush Copley Healthplex Fitness Center are sometimes conducted by personnel who may not be licensed, certified or registered instructors or professionals. I accept that fact that the skills and competencies of some employees and/or volunteers will vary according to their training and experience and that no claim is made to offer assessment or treatment of any mental or physical disease or condition by those who are not duly licensed, certified or registered and herein employed to provide such professional services.

I recognize that my child will be participating in the activities, facilities, programs and services offered by Rush Copley Healthplex Fitness Center. My child may experience potential health risks such as transient light-headedness, fainting, abnormal blood pressure, chest discomfort, leg cramps and nausea and that I assume willfully those risks for my child. I acknowledge my obligation to immediately inform the nearest employee of any pain, discomfort, fatigue or any other symptoms that my child may suffer during and immediately after his/her participation. I understand that this may stop or delay my child's participation in any activity or procedure if I so desire and that the child may also be requested to stop and rest by a supervising employee who observes any symptoms of distress or abnormal response.

I understand that my child or I may ask any questions or request further explanation or information about the activities, facilities, programs and services offered by RushCopley Healthplex Fitness Center and all of their affiliates, directors, agents, servants and employees from any and all liability whatsoever for any injury which may arise, occur or result, directly or indirectly from the fitness test or from use of the equipment or facilities or from participation in exercises, activities or programs provided by or at the RushCopley Healthplex Center, unless such injury is caused by their gross or willful negligence.

I have read this entire document. I understand it, and all questions have been answered to my satisfaction.

Parents Signature Date

Witness Date

