

WAIVER OF LIABILITY AND MEDICAL TREATMENT AUTHORIZATION

I, _____, do hereby present to Indiana State University this application for

(Participant's name-please print)

enrollment in Le Club (Life Enhancement Centers) to be conducted under the auspices of Indiana State University and do hereby waive any and all rights and claims against Indiana State University, its trustees, officers, agents, and employees, arising in or out of my participation in this program, and do further agree to identify and save harmless Indiana State University, its trustees, officers, agents, and employees to and from any liability whatsoever arising from any damages, injuries, death suffered by me as a participant in this program.

I understand and agree that Indiana State University shall provide ONLY emergency medical treatment for any injuries suffered by me while participating in this program, do hereby authorize such medical and/or surgical treatment as deemed necessary by the medical provider thereof to the above named participant while enrolled or participating in any activity under the auspices of Indiana State University, and I assume full responsibility for all medical expenses incurred as a result of injuries suffered by reason of my participation in this program.

It is agreed that this waiver of liability is submitted to Indiana State University as an inducement to enroll the undersigned participant in this program and this agreement is signed as the undersigned's free and voluntary act with full knowledge of the contents thereof. This Waiver of Liability and Medical Treatment Authorization shall remain in effect during any period in which I am a member of Le Club, including any membership renewal periods.

Signature of Participant

Date

Parent or Guardian (If participant is 18 years of age or younger)

Date

INFORMED CONSENT TO PARTICIPATE

I voluntarily seek to participate in the recreational/activity programs offered by Le Clubs. I accept responsibility for my own health, and I understand the recreational activity programs sponsored by Le Club will provide me with general advisory guidelines and training principles which have been deemed appropriate in a cardiovascular exercise fitness and body strengthening exercise program. The fitness coordinator will be available by appointment to answer my questions or help me adjust my exercise training program. I understand I may also participate in activities and programs developed by a personal trainer.

I understand participation in this program may not benefit me directly in any way, although normal expected benefits of exercise are anticipated: decreased heart rate and blood pressure for the same sub-maximal workloads, and increased functional capacity and muscular endurance. I understand there is the possibility of abnormal blood pressure, fainting, disorders of heart beat, and in rare instances, heart attacks, as well as possible orthopedic injuries occurring.

As a participant in the Le Club program, I acknowledge that I understand the risks involved, that I assume the responsibility to monitor and adjust the intensity of my own exercise accordingly, and that although the staff will be available to answer my questions, there will be no special emergency medical backup systems other than what is available through the community emergency medical service/paramedics.

As such I do hereby, for myself, my heirs, executors, administrators, and assigns waive, release, and forever discharge the Office of Residential Life, Hulman Memorial Student Union, Department of Physical Education, Indiana State University, and all assisting individuals and their heirs, executors, assigns, employees, agents, and successors from all claims for damage, injuries, or death sustained by me in connection with my said association with or participating in the Le Club program.

I have read the above statement, understand it, and my signature confirms its full acceptance. This Informed Consent to Participate shall remain in effect during any period in which I am a member of Le Club, including any membership renewal periods. I attest and verify that I have all knowledge or the risks involved in this program, and that I have no previous or existing medical condition(s) which would contraindicate my safe participation in the Le Club Program.

Signature of Participant

Date

Parent or Guardian (If participant is 18 years of age or younger)

Date