



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 _____ Home Phone # _____

Work Phone# _____ Cell Phone# _____

Fitness Room Policy:

- Youth ages **10 -12** may use the Fitness Room with a Dr.'s note, age verification, teen waiver signed by both youth & adult, and having attended a youth cardio equipment orientations.
- Teens ages **13-15** may use the Fitness Room with parent/guardian written permission, attendance at the Fitness Room Orientation Class, and with direct adult supervision.
- Teens ages **16-17** may use the Fitness Room with parent/guardian written permission and attendance at the Fitness Room Orientation Class.

I, the undersigned parent/guardian of the minor participant named above give my permission for said individual to exercise in the Fitness Room at the North Bellevue Community Center 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 or cause death. I will read and complete the Par-Q Physical Activity Readiness Questionnaire and if the answer is "YES" to any question, 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 the City of Bellevue, 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, including death, arising from use of the Fitness Room; and I agree to indemnify and hold the City of Bellevue 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 the City of Bellevue, its agents or employees.

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)

NBCC Fitness Room Code of Conduct

Please adhere to the following when using SBCC Fitness Center:

1. No "horseplay."
2. No guests without orientation, parental permission (for 10-17 yr olds), and payment of fees.
3. Any injuries or equipment issues MUST be reported to staff.
4. Respect must be shown to EVERYONE in the fitness room.
 - a. Proper workout attire (i.e. No bare midriffs, no 'street' shoes, shirt required while working out in the fitness center).
 - b. NO food or gum. Water only please.
 - c. NO cell phone use.
 - d. Keep volume of headphones 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 NBCC Fitness Room Code of Conduct. I understand that violations of these rules may cause my privileges to be revoked.

Signature: _____
(Minor Participant)

Date: _____