



Fitness Center Permission Form for Minor Participant Notice of Assumption of Risk – Waiver and Release

Participant’s Name: _____ Age: _____ Date of Birth: _____
(MM\DD\Year)

Parent/Guardian’s Name: _____ Home Phone #: _____

Work Phone #: _____ Cell Phone #: _____

Emergency Contact: _____ Home Phone #: _____

Cell Phone #: _____

Fitness Center Policy:

- Teens ages 13-17 may use the cardio and strength equipment in the Fitness Center with teen waiver (signed by both youth and Parent/Guardian) and after attending the Fitness Center Orientation.

I, the undersigned parent/guardian of the minor participant named above give my permission for said individual to exercise in the Fitness Center at the South Bellevue Community Center having met the Fitness Center Policy requirements listed above.

I understand that engaging in any physical exercise activity or using the Fitness Center 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 Center. I understand that after starting to use the Fitness Center, if said minor participant notices any changes in physical condition that may indicate a health risk by continued use of the Fitness Center, it is strongly recommended that a physician be consulted to ensure that it is appropriate to continue to use the Fitness Center. I agree that if said minor participant uses the Fitness Center, 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 Center; and I agree to indemnify and hold the City of Bellevue and its agents harmless for 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 Center.

PHOTO/VIDEO RELEASE: I give my permission to have photos and/or video recordings taken of me or my child(ren) for publicity purposes during City of Bellevue activities even though we will not receive compensation of any kind for appearing in such photos or video recordings. I have read, understood, and voluntarily accept the conditions of the Waiver of Liability/Release and the Photo/Video Release printed above.

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)

(OVER FOR CODE OF CONDUCT )

SBCC Fitness Center Code of Conduct

Please adhere to the following when using the SBCC Fitness Center:

1. No “horseplay.”
2. No guests without orientation, parental permission for (13-17 year old participants), and payment of fee.
3. Any injuries or equipment issues **MUST** be reported to staff.
4. Respect must be shown to **EVERYONE** in the Fitness Center.
 - a. Proper workout attire (ie shirts required – no bare midriiffs or sports bras as outer wear, no sandals)
 - b. **NO** food or gum. Water only please.
 - c. **NO** talking on cell phone. OK to text and use media. No pictures please.
 - d. Keep volume of headphones for mobile devices to a minimum so that other participants cannot hear it.
5. Appropriate language and volume must be considered when talking in the Fitness Center.
6. All machines must be used according to their intended purpose.
7. Unsupervised usage of the Fitness Center may result in privileges being revoked if Code of Conduct is not adhered to.

I have read, understand, and agree to the SBCC Fitness Center Code of Conduct. I understand that violations of these rules may cause my privileges to be revoked.

Signature: _____ Date: _____
(Minor Participant)