FITNESS CENTER - RELEASE FROM LIABILITY
AND CONSENT TO PARTICIPATE

I, the undersigned, have voluntarily agreed to participate in the Nebraska Methodist College Fitness Center, fitness and recreation programs offered through Nebraska Methodist College -- The Josie Harper Campus and Nebraska Methodist Health System, Inc. I hereby acknowledge that I have been informed as to the nature of my participation in said program, and understand that there may be certain risks involved by virtue of the activity required.

I have been informed and understand that it is my responsibility to follow the Fitness Center policies, procedures and guidelines, established by the College when using the Fitness Center. I understand that the College recommends that I exercise with another person and that I should never exercise alone.

I have been informed and understand that if physical injury occurs while utilizing the Fitness Center, I can use the Fitness Center telephone to contact 911 in case of an emergency, or I can dial “0” to have College Security paged to the Fitness Center. Furthermore, I hereby authorize any medical or surgical care and transportation to a hospital or medical facility that may be necessitated by my using the Fitness Center or participating in fitness classes, recreational programs and/or personal fitness training.

I understand that adverse changes may occur during and after exercise including, but not limited to, abnormal blood pressure, fainting, dizziness, disorders of heart rhythm, and instances of heart attack, stroke, or even death. I understand that there exists the risk of bodily injury including, but not limited to, injuries to the muscles, ligaments, tendons, and joints of the body. I understand that the risks associated with exercise include the risk of bodily injury, heart attack, stroke, or even death. I further understand that other risks may be associated with using the Fitness Center or participating in fitness classes, recreational programs and/or personal fitness training.

However, knowing these risks, it is my desire to use the Fitness Center and participate in a voluntary fitness classes, recreation program and/or personal fitness training. I do hereby release Nebraska Methodist College -- The Josie Harper Campus and Nebraska Methodist Health System, Inc., and hold said corporations and any of their officer, directors, agents, representatives, or employees harmless for any injury that I may suffer by virtue of my participation in said program.

I further agree to indemnify Nebraska Methodist College -- The Josie Harper Campus and Nebraska Methodist Health System, Inc., and any of their officer, directors, agents, representatives, or employees for any damage or financial loss which they may suffer or incur due to any injury which I may suffer through participation in said program.

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Printed Name of Participant                      Date

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Signature of Participant                      Date

If participant is under age 19, signature of parent or legal guardian  Date