

**Fitness Room Permission Form for 14-15 Year Old's
Notice of Assumption of Risk – Waiver & Release**

Participant's Name _____ Age: _____ Birth Date: _____ / ____ / ____

Parent/Guardian's Name _____ Cell Phone# _____ Email _____

Fitness Room Policy:

- Youth ages 13 and under are not permitted to use the Fitness Room.
- Youth age 14 may use the Fitness Room with parent/guardian written permission, presentation of a birth certificate, completion of a Fitness Room Orientation* **and direct adult supervision while utilizing the room.**
- Youth age 15 may use the Fitness Room with parent/guardian permission, presentation of a birth certificate and completion of a Fitness Room Orientation*.
- For all youth 14 to 18: If there are any issues or complaints reported to Falling Springs staff, all rights to the Fitness Room will be revoked and no monies will be refunded.

**To schedule Fitness Room Orientation, contact Tefany Bleuel at tbleuel@vwcparksrec.com or 859.873.5948 x 4814*

WAIVER & RELEASE: I, the undersigned parent/legal guardian of the minor participant named above, give my permission for said individual to exercise in the Fitness Room at Falling Springs Center and understand that all requirements set forth in the Fitness Room Policy listed above must be met prior to said minor participant being permitted to utilize the Fitness Room.

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 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 using 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 ensure 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 Versailles-Woodford County Parks & Recreation Department, 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 Versailles-Woodford County Parks & Recreation Department 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 Versailles-Woodford County Parks & Recreation Department, its agents or employees.

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 Versailles-Woodford County Parks & Recreation Department 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 accepted the conditions of the Waiver of Liability/Release and the Photo Release printed above.

Parent/Guardian Signature: _____ Date: _____

Office Only: Birth Certificate Presented: Y N DOB: _____ Staff Initials: _____
Fitness Orientation Complete: Y N Current Age: _____