

RELEASE OF LIABILITY: USE OF WELLNESS CENTER - Waiver must be completed at the start of each term.

Student/Staff/Faculty ID#:		T	elephone number:		
Emergency contact:		Telephone number:			
,	, of				
(Print full name)		(Address/Street)	(City)	(State)	ZIP Code
In consideration of being granted permissic St. Petersburg College, do hereby release a agents of and from any and every claim, del reason of or including any loss, damage or i Petersburg College, its trustees, officers, em	and forever d mand, action o injury - includ	ischarge the Board of Tru or right of action - of what ing death - that I may suff	stees of St. Petersburg Co ever kind or nature - eithe	ollege, its officers, e r in law or equity ari:	mployees, and sing from or by
It is my desire to use the Wellness Center participation in the use of the Wellness Center participation in the use of the Wellness Center including an exercise program to improve the alth and capable of undertaking this exercise damages that may relate to my health. If it loss or damages including injuries - including agreement and the use of said equipments agreement and the use of said equipments agreement and the use of said equipments.	iter and the ed cardiovascula rcise program urther unders ding death - v ent knowingly	quipment located therein. r function, muscle strengt and in any event hold the stand that the use of such e which may be sustained by y, I hereby agree to assume	It is my intent to use the base of the risk, loss, damage or	Wellness Center for pest of my knowledge armless from any cla les potential risk whi ent. Having voluntari	ohysical fitnesse, I am in good im, action, loss ch could result ly entered into
further agree to hold the Board of Trustee liability claims, demands, actions whatsoe result of coming on the premises of the St. I liability assumption of risk and indemnity s executors, administrators and assigns.	ver arising ou Petersburg Co	it of any loss, damage or illege and/or using the We	injury - including death Ilness Center or any equip	- caused or sustain ment at the college.	ed by me as a This release of
understand that my permission to use the written notice to me at the above address, c					ıt reason upor
Important notice/informed consent: This recompletely understood by the undersigned					contract. If not
The undersigned further acknowledges hunderstands the risk of this exercise program				fully understands	it and further
Use of the Wellness Center requires: 1 Current student/staff/faculty ID	o ID.	spouse must provide a driv	er's license or photo ID; of	ther authorized user	must
Participant's signature		Date			
Parents or legal guardians of student/partic					
		·			
,(Parent/Guardian)	, of	(Address/Street)	(City)	(State)	(ZIP Code)
the mother/father/guardian of(Sti		, do hereb	y agree to all the provisior	ns of the above Relea	se
(Sto on behalf of my son/daughter/ward.	udent/Particip	pant)			
Parent/Guardian's signature Date					

The Board of Trustees of St. Petersburg College affirms its equal opportunity policy in accordance with the provisions of the Florida Educational Equity Act and all other relevant state and federal laws, rules and regulations. The college will not discriminate on the basis of race, color, ethnicity, religion, sex, age, national origin, marital status, pregnancy, sexual orientation, gender identity, genetic information, or against any qualified individual with disabilities in its employment practices or in the admission and treatment of students. Recognizing that sexual harassment constitutes discrimination on the basis of sex and violates this Rule, the college will not tolerate such conduct. Should you experience such behavior, please contact Pamela Smith, the director of EA/EO/Title IX Coordinator at 727-341-3261; by mail at P.O. Box 13489, St. Petersburg, FL 33733-3489; or by email at eaeo_director@spcollege.edu.