

Name \_\_\_\_\_

Dorm (for Resident Students Only) \_\_\_\_\_ Room Number \_\_\_\_\_

Permanent Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

School Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Home Phone \_\_\_\_\_

Age \_\_\_\_\_ Date of Birth \_\_\_\_\_ Sex:  Male  Female

Emergency Contact \_\_\_\_\_ Relationship \_\_\_\_\_

Phone Number \_\_\_\_\_

Physician's Name \_\_\_\_\_ Phone Number \_\_\_\_\_

**Check any of the conditions listed below for which you have been diagnosed or treated by a physician or health professional:**

Heart  High Blood Pressure  Cancer  Diabetes  Other: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### GENERAL WAIVER, RELEASE and DISCHARGE

In consideration of being permitted to participate in exercise classes and/or to use the fitness equipment at Piedmont College, Demorest, Georgia and Athens Georgia ("PIEDMONT"), I, for myself, my personal representatives, agents, executors, administrators, successors, assigns, heirs and next of kin:

1. Acknowledge and represent that I have volunteered to participate in certain exercise classes and/or to use the fitness equipment (hereinafter collectively referred to as "Physical Activities").
2. Acknowledge and understand that the Physical Activities may involve health risks including, but not limited to, abnormal blood pressure, fainting, increased heart rate, and in rare instances heart attack, stroke and or death.
3. Represent and warrant that I am qualified, in good health and in proper physical and mental condition to participate in the Physical Activities offered.
4. Understand and agree that PIEDMONT does not have superior knowledge concerning my physical health nor my ability to participate in the Physical Activities.
5. Agree to abide by all rules, regulations and instructions from PIEDMONT staff, teachers, representatives or designees and all laws of the state of Georgia while participating in the Physical Activities. I further agree that if I violate any applicable rule, regulation, instruction or applicable law, I may be permanently removed from participating in the Physical Activities.
6. Agree that should I cause property damage while participating in the Physical Activities, I shall reimburse and indemnify PIEDMONT for the costs to repair same.
7. Agree that I hereby RELEASE AND DISCHARGE PIEDMONT COLLEGE, its officers, board of trustees, administrators, professors, teachers, staff, employees and/or volunteers (each considered a "Releasee" herein) for any liability, claims, demands, losses or damages that occur to my person or property allegedly caused by any Releasee; and I also agree that should I cause damage to PIEDMONT or any Releasee, I shall indemnify, save and hold harmless PIEDMONT and each Releasee from any litigation expenses, attorney fees, loss, liability, damage award, judgment or any other related expense which may occur as the result of such claim.
8. Agree that I have read this General Waiver, Release and Discharge, fully understand its terms, understand I have given up substantial rights by signing it and have signed it freely and without inducement or assurances of any nature, and intend it to be a complete and unconditional release of all liability to the greatest extent allowed by law, and agree that, if any portion of this General Waiver and Release is held to be invalid, the balance of the document shall remain in full force and effect. I reaffirm my understanding that only by executing this document shall I be allowed to participate in the Physical Activities. I also agree that the law of the state of Georgia, without regard to its conflict laws, shall be applicable to any action relating to or interpreting this document or to any claims arising out my participation in the Physical Activities. I also agree that I may seek the advice of legal counsel as to the terms and conditions of this document and have either done so or made a conscious decision not to do so.

\_\_\_\_\_  
Signature of Participant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent (For Participants under 18, Parental Consent is required)

\_\_\_\_\_  
Proof of ID

\_\_\_\_\_  
Signature of Witness

\_\_\_\_\_  
Date