

**GREAT BEND RECREATION COMMISSION
EXERCISE CLASS CONSENT & INFORMATION FORM**

Class:	Street Address:	City:
Signature:		Date Signed:

Class: Cardio Blast	Street Address: GBRC Activity Center 2715 18 th Street	City: Great Bend, KS 67530
Signature:		Date Signed:

Class: Fit For Life	Street Address: GBRC Activity Center 2715 18 th Street	City/State/Zip: Great Bend, KS 67530
Signature:		Date Signed:

Class: Fit Trail Fitness	Street Address: Veterans Lake 17 th & McKinley	City: Great Bend, KS 67530
Signature:		Date Signed:

Class: Noon Body Shaping	Street Address: GBRC Activity Center 2715 18 th Street	City: Great Bend, KS 67530
Signature:		Date Signed:

Class: Tai Chi Advance	Street Address: GBRC Activity Center 2715 18 th Street	City: Great Bend, KS 67530
Signature:		Date Signed:

Class: Tai Chi Beginners	Street Address: GBRC Activity Center 2715 18 th Street	City: Great Bend, KS 67530
Signature:		Date Signed:

Class: Tai Chi Intermediate	Street Address: GBRC Activity Center 2715 18 th Street	City: Great Bend, KS 67530
Signature:		Date Signed:

Class: Wake Up Workout	Street Address: GBRC Activity Center 2715 18 th Street	City: Great Bend, KS 67530
Signature:		Date Signed:

Class: Gentle Yoga 3:00 pm to 4:00 pm	Street Address: GBRC Activity Center 2715 18 th Street	City: Great Bend, KS 67530
Signature:		Date Signed:

Class: Gentle Yoga 6:30 pm to 7:30 pm	Street Address: GBRC Activity Center 2715 18 th Street	City: Great Bend, KS 67530
Signature:		Date Signed:

Class: Yoga	Street Address: GBRC Activity Center 2715 18 th Street	City: Great Bend, KS 67530
Signature:		Date Signed:

Class: Zumba	Street Address: GBRC Activity Center 2715 18 th Street	City: Great Bend, KS 67530
Signature:		Date Signed:

As a participant in a personal fitness program, you should be aware of the nature of the activity included in the class and the discomforts and risks you might encounter by your participation. Strength and flexibility training will be conducted at an intensity that can cause discomfort. The expected benefits of a personal fitness program include: improved flexibility, agility, coordination, strength and cardiovascular endurance. Additional discomforts and risks include but not limited to: sore cramping, pulled or torn muscles, ankle sprains, stress fractures, cartilage or ligament damage of the knee, nausea during and after exercise, exhaustion, or fatigue. The acute risk of participation in an exercise program is cardiac failure or death. Even though failure is unlikely to occur, the possibility does exist, it is because of this risk that we suggest that each participant undergo a complete medical exam by a licensed medical physician. The participation in this program is voluntary, and the participant may withdraw at any time. The written consent indicates you have full knowledge and understanding of the nature of personal fitness programs, the benefits you may expect and the discomforts and/or risks which may be encountered and agree to participate on that basis.

The undersigned participant acknowledges the existence of the risk of injury in connection with the use of the facilities and exercise programs offered by the Recreation Commission and further acknowledges that participation in the exercise programs and use of the facilities are physically vigorous activities. The undersigned acknowledges that the staff of Great Bend Recreation Commission has recommended to each participant that before participating in the program, they undergo a complete medical examination by a licensed physician to assure that they are physically capable of performing the program sponsored by the Great Bend Recreation Commission and to determine whether they are suffering from any medical condition that might or could be aggravated by vigorous exercise. I release the sponsoring agent and personnel from any responsibility or liability for any injury or health consequence that may result from me participating in this program and from any responsibility and liability for any injury or health consequence that may result from any subsequent exercise or other activity that I engage in because of attending this program. The written consent indicates I have full knowledge of the nature and purpose of the procedures, the benefits I may expect and the discomforts or risks, which I may encounter, and I agree to participate on that basis. I understand that my health is my responsibility and that I am responsible to follow up on any recommendations, which may be provided to me during this program.

WAIVER & CONSENT STATEMENT: The undersigned, states that he/she understands that the Great Bend Recreation Commission is not and shall not be responsible for, or liable for any illness or injury to person or damage to property resulting from the program in which the above is enrolled or being enrolled or from his/her participating in said program, and the participant and the undersigned, if the participant is a minor or under other legal disability, hereby forever releases and holds harmless the said Great Bend Recreation Commission, the City of Great Bend, USD#428, its employees, agents, officials, and/or any civic or private organization appointed by it, from all claims of any kind that the participant, or the undersigned, or their respective heirs, executors, administrators, or assigns may have or claim to have resulting from participating in said program. Also, the undersigned and the participant authorize the Great Bend Recreation Commission to use at its discretion any photography and/or video taken of the participant while participating in the program and waive all claims that the participant or the undersigned or their heirs, executors, administrators, or assigns may have or claim to have resulting from such photograph(s) or reproductions thereof. **MEDICAL RELEASE:** In case of a medical emergency and I cannot be contacted or respondent; I give my permission for a GBRC representative to act in my place and to make medical decisions concerning emergency treatment for the participant. I understand that the GBRC staff is not allowed to administer any medications. **Consent:** I HAVE READ & UNDERSTAND THE CONSENT, RELEASE FORMS, RULES, CANCELLATIONS AND WAIVER STATEMENTS AND LEGAL CONSEQUENCES OF THE PROCEEDING.

Date

Signature of Participant