

ASSUMPTION OF THE RISK FORM

I agree that as a participant in the **Fitness Center** in rooms 179-180 associated with Piedmont Virginia Community College (the "college") for the time I am a current student, staff, or faculty member, I am responsible for my own behavior and well-being. I accept this condition of participation and I acknowledge that I have been informed of the general nature of the risks involved in this activity, including but not limited to: **injuries incurred while using any equipment or general use of the room.** I understand that in the event of accident or injury, personal judgement may be required by **Fitness Center Staff** or College personnel regarding what actions should be taken on my behalf. Nevertheless, I acknowledge that the College and or personnel may not legally owe me a duty to take any action on my behalf. I also understand that it is my responsibility to secure personal health insurance in advance, if desired, and to take into account my personal health and physical condition.

I further agree to abide by any and all specific requests by the College and supervisors for my safety or the safety of others, as well as any and all of the College's and **Fitness Center** rules and policies applicable to all activities related to this program. I understand that the college reserves the right to exclude my participation in this program if my participation or behavior is deemed detrimental to the safety or welfare of others.

In consideration for being permitted to participate in this program and because I have agreed to assume the risks involved, I hereby agree that I am responsible for any resulting personal injury, damage to or loss of my property which may occur as a result of my participation or arising out of my participation in this program, unless any such personal injury, damage to or loss of my property is directly due to negligence of the College and/or **Fitness Center Staff**. I understand that this Assumption of Risk form will remain in affect during any subsequent visits and program – related activities, unless a specific revocation of this document is filed in writing with (program coordinator or College administrator), at which time my visits to or participation in the program will cease.

In case an emergency arises, please contact _____ at _____

I represent that I am 18 years of age or older and legally capable of entering into this agreement.

Participant's Name (please print) Participant's Signature Date

PCVV Email Address: _____

Student ID Number: _____

If participant is less than 18 years of age, the following section must be completed.

My child/ward is under 18 years of age and I am herby providing permission for him/her to participate in this program, and I agree to be responsible for his/her behavior and safety during this event.

Child's Parent or Guardian's Signature Date

PVCC does not discriminate on the basis of race, color, national origin, sex, disability, or age in its programs and activities. The following person has been designated to handle inquiries regarding the non-discrimination policies: Kim Van Savage, Chief Human Resources Officer, kvansavage@pvcc.edu, 434-961-6567, 501 College Drive, Charlottesville, VA 22902