

# WAIVER & RELEASE OF LIABILITY AND CONSENT TO MEDICAL TREATMENT

for

Village of Savoy Recreation Center Programs/Activities

and/or

Village of Savoy

## IMPORTANT INFORMATION

The Village of Savoy and the Savoy Recreation Center (hereinafter "SRC") are committed to conducting their recreation programs and activities in a safe manner and hold the safety of participants in high regard. The Village of Savoy and the SRC continually strive to reduce such risks and insist that all participants follow safety rules and instructions that are designed to protect the participant's safety. However, participants and parents/guardians of minors registering for and participating in any fitness classes, special events, program and/or sports activities and/or membership usage of the recreational facilities including but not limited to all areas of the Savoy Recreation Center and the Village of Savoy and any other facilities and places where such programs take place, must recognize that there is an inherent risk of injury when choosing to participate in these activities.

Group fitness classes, special events, program and/or sports activities and/or membership usage of the afore-mentioned facilities are intended to challenge participants physically and mentally. Physical activities may include, but are not limited to basic calisthenics, plyometric exercises, general bench step exercises, running, cardiovascular workout, jump rope, aerobic dance, use of stability balls, exercises with exercise bands, use of Nautilus and free-weight equipment, stationary aerobic equipment, and sports activity participation.

You are solely responsible for determining if you or your minor child/ward are physically fit and/or skilled for any group fitness class, special events, program and/or sports activities, or membership usage of the facilities. It is always advisable, especially if the participant is pregnant, disabled in any way or recently suffered an illness, injury or impairment, to consult a physician before undertaking any physical activity.

If you experience any signs of dizziness, chest pains, nausea or loss of coordination, stop exercising immediately and consult with a physician. Wear proper footwear to prevent stress on your joints. Listen to your body. Pain is a sign from your body that you are doing too much or doing something incorrectly. A little fatigue after a workout is normal, but if you're still tired or in pain two days later, you may have overdone it and you should consult with a physician before resuming activities.

## WARNING OF RISK

Despite careful and proper preparation, instruction, medical advice, conditioning and equipment, there is still a risk of serious injury, including death. Strenuous, challenging and/or aggressive activities such as weight lifting, extreme endurance and martial arts often involve a greater risk of injury. Understandably, not all hazards and dangers can be foreseen. Depending on the particular activity, risks may include injuries due to insufficient warm-up of muscles before exercising, overexertion, slip and falls, poor skill level or conditioning, carelessness, premises irregularities, inadequate or defective equipment, and inadequate instruction or supervision. In this regard, it must be recognized that it is impossible for the Village and the SRC to guarantee absolute safety.

Depending upon a person's physical condition, age and skill level, aerobics and group fitness exercises, special events, program and/or sports activities, and membership usage of the facilities can involve a substantial risk of the following types of injuries. This list is by no means complete, but includes some of the more common ones:

1. Heart attack, stroke and circulatory problems
2. Bone and joint injuries
3. Back and neck injury
4. Shin splints
5. Muscle strain and other muscle injuries
6. Foot problems

## WAIVER AND RELEASE OF ALL CLAIMS AND ASSUMPTION OF RISK

Please read this form carefully and be aware that in signing up and participating in any group fitness class, special event, program and/or sports activities or membership usage, you will be expressly assuming the risk of such activities and waiving and releasing the Village of Savoy and the SRC jointly and severally from all claims for injuries, damages or loss, which you or your minor child/ward might sustain as a result of participating in the afore-mentioned activities.

➤ I recognize and acknowledge that there are certain risks of physical injury to participants in any group fitness classes, special event, program and/or sports activities or membership usage of the facilities, which risk of injury is even greater in strenuous, challenging, aggressive, competitive and endurance activities. I voluntarily agree to assume the full risk of any and all injuries, damages or loss, regardless of severity, that my minor child/ward or I may sustain as a result of said participation. I further agree to waive and release all claims I or my minor child/ward may have or which may accrue to me or my child/ward as a result of participating in any group fitness classes, special events, program and/or sports activities or membership usage of facilities against the Village and the SRC, including their instructors, officials, agents, volunteers and employees, to the extent allowed by law.

➤ I understand that I, or my child/ward may be photographed or videotaped while participating in any of the afore-mentioned activities. I give my permission for photos and videotapes of me, or my child/ward to be used solely to promote the Village of Savoy and the SRC. The Village's use of such photos and videotapes include, but is not limited to, use in SRC brochures, flyers and any and all social media.

**CONSENT TO MEDICAL TREATMENT**

In the event of any emergency, I authorize the Village of Savoy and the SRC to secure any medical treatment deemed necessary for my immediate care and/or the care of my minor child/ward, and I agree that I will be responsible for the payment of any and all medical treatment and services rendered.

**SUMMARY**

**I have read and fully understand the above Important Information, Warning of Risk, Assumption of Risk, Waiver, Release of all claims and Consent to Medical Treatment. If registering online or via fax, my online or facsimile signature shall substitute for and have the same legal effect as an original form signature.**

**I do hereby confirm that I fully release and forever discharge the Village of Savoy and the SRC from any and all claims for injuries, damages, or loss that my minor child/ward or I may have or which may accrue to me or my minor child/ward arising out of, connected with, or in any way associated with any such group fitness classes, special events, programs and/or sports activities, and/or membership usage of the facilities, to the extent permitted by law. This Consent to Medical Treatment and Waiver/Release of Liability does not expire.**

Name of program or activity:           [for office use only]          

**Please Print**

\*Name of Participant(s): \_\_\_\_\_

\*Parent/Guardian Name (if minor): \_\_\_\_\_

\*Address: \_\_\_\_\_ \*City: \_\_\_\_\_ \*State: \_\_\_\_\_ \*Zip Code: \_\_\_\_\_

\*Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Email Address: \_\_\_\_\_

\*Birth Date of Participant(s): \_\_\_\_\_

\*Emergency Contact Name: \_\_\_\_\_ \*Emergency Contact Phone: \_\_\_\_\_

\*Relationship to Participant: \_\_\_\_\_

\*Please indicate, if any, medical conditions (asthma, diabetes, etc.) or food allergies or medications that staff should be aware of: \_\_\_\_\_

\*Do you (or your minor child/ward) need any accommodation, in accordance with the Americans with Disabilities Act, to effectively participate in any activities associated with the SRC or the Village of Savoy?  
No \_\_\_\_\_ Yes, specify need: \_\_\_\_\_

Where did you hear about our facility? Catalog Flyer Newspaper Friend  
(circle one) Other: \_\_\_\_\_

\*Signature of Participant: \_\_\_\_\_ Date: \_\_\_\_\_

\*Signature of Parent/Legal Guardian of Participant under age 18: \_\_\_\_\_ Date: \_\_\_\_\_

**PARTICIPATION WILL BE DENIED**  
**If the signature of adult participant or parent/guardian and date are not on this waiver.**  
  
**Accepted & Approved by (initials): \_\_\_\_\_**