

**LANE COMMUNITY COLLEGE  
ASSUMPTION OF RISK AND RELEASE FORM  
EXERCISE SCIENCE TESTING LABORATORY**

☐ I have been informed of and acknowledge that participation in physical exercise involving flexibility, strength, balance, agility, and aerobic exercise, including the use of equipment and devices, is a potentially hazardous activity. I have also been informed of and acknowledge that participation in a fitness assessment can pose potential risks of serious bodily injury or death.

I HEREBY ACCEPT THE RESPONSIBILITY FOR ANY HARM, INJURY OR DAMAGE THAT MAY RESULT FROM MY PARTICIPATION IN A FITNESS ASSESSMENT.

I HEREBY WAIVE, RELEASE, ABSOLVE, INDEMNIFY AND AGREE TO DEFEND AND HOLD HARMLESS LANE COMMUNITY COLLEGE, ITS OFFICERS, EMPLOYEES, AGENTS, AND STUDENTS FOR ANY CLAIM ARISING OUT OF ANY INJURY TO ME, WHETHER THE RESULT OF NEGLIGENCE OR ANY CAUSE. I VOLUNTARILY AND KNOWINGLY ACKNOWLEDGE, ACCEPT AND ASSUME THESE RISKS. THE TERMS HEREOF SHALL SERVE AS A RELEASE AND ASSUMPTION OF RISK FOR ALL HEIRS, EXECUTORS, ADMINISTRATORS AND MEMBERS OF MY FAMILY.

I have read this waiver and release of claims and covenant not to sue. I am aware that this is an agreement not to sue and constitutes a complete release of liability by me and by the program participant. I acknowledge that I am signing this document of my own free will, with full knowledge of the risks being assumed.

Participant initial here: \_\_\_\_\_

I agree my participation in a fitness assessment is strictly voluntary.

I agree my participation in each and every exercise and activity within the fitness assessment is voluntary and I may choose not to participate, or limit my participation, in any exercise or activity at any time.

I acknowledge that it is my responsibility to procure or otherwise obtain accident and medical insurance coverage for my participation in these above described programs.

I execute this release as consideration and part payment for the right to participate in the full knowledge that by this document, I have waived legal rights that I would have otherwise been entitled to enforce.

-----  
**The Exercise Science Testing Lab keeps record of all test results in a secured location for future test comparisons. With permission, your test results may also be used as data in future research studies performed by Professional Fitness Training students and instructors. All data used for this purpose will be coded in order for participants to remain anonymous.**

☐ **Yes, I give permission for my test results to be used in future data analysis.**

☐ **Please do not use my test results for future data analysis.**

-----  
Date \_\_\_\_\_ Student I.D. \_\_\_\_\_

\_\_\_\_\_  
Signature of Participant      Print Name: \_\_\_\_\_

Emergency Contact and Phone: \_\_\_\_\_

*(If under 18, a parent or legal guardian also needs to sign)*

\_\_\_\_\_  
Parent/Guardian Signature      Parent/Guardian Name: \_\_\_\_\_

*Thank you.*