



**Aquatics & Fitness Center
Exercise Waiver Consent Form**

This is to certify that I, _____ release Miami-Dade College, of any claims, suits losses, or related causes of action for damages, including but not limited to, such claims that may result from my injury of death, accidental or otherwise, during, or arising in any way from the Wellness/Fitness center and/or activities including use of all exercise equipment and facilities.

I further attest that I am in good health and not at risk to take part in aerobic activities and / or muscle strengthening activities.

I understand that the possibility of certain physiological changes occurring during the exercise session exists. These changes could include abnormal blood pressure responded, fainting, dizziness, abnormal heart rhythm, and in rare instance heart attack, and various muscle and joint injuries.

In signing this form I affirm my understanding of the purpose of the Wellness/Fitness Center and/or activities and consent to participate on my own free will, knowing I may withdraw from participation at my time.

Signature

Date

Parent Signature if 17 and Younger

Date

Print Name

Student No./MDC ID#

Address

City State Zip-Code

E-mail Phone #

In case of Emergency call (Name) _____ Relation _____

Phone Number (_____) _____