

Assumption of Responsibility

In return for being permitted to participate in the Personal Training/Fitness Orientation/Exercise Testing programs, voluntary activities undertaken by the University of Tennessee Recreation Center for Students during the Fall, Spring or Summer semester of 20____, and understanding that there are certain risks in connection with such activities.

1. UT RecSports program participation is voluntary an individuals use facilities at their own risk. Participation in any physical activity involves inherent risk and even when safety precautions are utilized, injuries and accidents can occur. The RecSports Department would like to encourage each individual to consult their physician and obtain adequate personal health/accident insurance prior to participation in our programs. UT does not provide personal health or medical insurance for participants.
2. Assume Any and all Risks involved in and arising from his/her participation in the voluntary activity named above, including without limitation the risk of death, bodily injury or property damage, and the unavailability of emergency medical care or the negligent or deliberate act of another person.
3. The undersigned understands that participants should have current insurance protection through personal or family means to cover the expense of an unforeseen accident or injury. The Administration of the University of Tennessee Recreation Center for Students strongly recommends that all voluntary participants have such coverage.
4. I understand that there are certain changes that may occur during exercise. These include but are not limited to abnormal blood pressure, fainting, disorders of heartbeat, very rare instances of heart attack, etc. I understand that every effort will be made to minimize problems by preliminary examination and observation during testing.
5. I understand that I am responsible for monitoring my own condition throughout exercising, and should any unusual symptoms occur, I will cease my participation and inform the trainer of the symptoms. Unusual symptoms include, but are not limited to the following: chest discomfort, nausea, difficulty in breathing, and joint or muscle injury.

By signing below, I expressly acknowledge that I have read and understand this Assumption of Responsibility and that I freely and voluntarily have signed this document.

Client's Signature: _____

Date: _____

Print Name: _____