Informed Consent/Waiver for Susan Palmer Fitness Center
Ringling College of Art and Design

Email Completed Waiver: wellness@ringling.edu
Or Mail Completed Waiver:
ATTN: Fitness Center Form
2700 N. Tamiami Trail
Sarasota, FL 34234

PARTICIPANT:                      EMERGENCY CONTACT
Name:_____________________________ Name:_____________________________
Cell:_____________________________ Cell:_____________________________
Email:____________________________ Email:____________________________
Ringling ID #:____________________

SPONSORING INSTITUTION:
Ringling College of Art and Design
2700 North Tamiami Trail
Sarasota, Florida 34234-5895

I, ____________________________, hereinafter “Participant,” have applied to participate in the event/activity sponsored by the Ringling College of Art and Design in Sarasota, Florida, or its designee. I acknowledge that the nature of the event/activity (free weights, cardiovascular equipment, aerobic/dance studio, and recreational sports) may expose me to hazards or risks that may result in my illness, personal injury or death, and I understand and appreciate the nature of such hazards and risks. I understand that while participating in exercise programs there may be risks of injury to the cardiovascular system and to the musculoskeletal system. In consideration of my participation in this event/activity, I hereby accept all risk to my health and of my injury or death, as well as risk of loss of personal property, that may result from such participation, and I hereby release the Ringling College of Art and Design, its governing board, officers, employees and representatives, from any liability to me, my personal representative, estate, heirs, next of kin and assigns for any and all claims and causes of action, including my death, that may result from or occur during my participation in the event/activity, whether or not caused by the negligence of the Ringling College of Art and Design, its governing board, officers, employees and representatives. ______. (Initial)

I understand that during the course of the event/activity, I may travel to destinations by bus and other modes of travel. I desire to take part in the transportation in order to participate in the program. I acknowledge that bus and other land travel poses several hazards and risks that may result in my illness, personal injury or death, or loss of personal property. Such hazards include, but are not limited to, weather difficulties, mechanical problems, other vehicles, pedestrians, and driver negligence. I am willing to travel and agree on behalf of myself, my personal representatives, estate, heirs, next of kin and assigns to release the Ringling College of Art and Design, its governing board, officers, employees and representatives, from any and all claims and causes of action that may result from my bus travel or other modes of travel during the course of the event/activity. I agree to hold the Ringling College of Art and Design harmless from any injury to my person or property that may occur as a result of my travel during this event/activity and in preparation for participation in said program. _______ (Initial)
In the event of an accident or emergency, permission is given for emergency anesthesia, surgery, hospitalization or other treatment deemed necessary for my well-being.

Students wishing to enroll in the Ringling Student Group Insurance Plan need to ACTIVELY enroll in order to receive their policy information before completing this part of the form. For details of how to enroll today visit http://www.ringling.edu/insurance if you wish to sign up or for contact information for our insurance broker and/or their web portal to retrieve your plan details.

Insurance Information:  
Insurance Company:  ______________________________  
Insurance Company Phone: _________________________  
Policy Number:  __________________________________  
Policy Holder’s Name:  ____________________________  

Furthermore, I fully understand that the standards of behavior for Ringling College of Art and Design students will be in effect and will be enforced during this activity. I will also abide by any decisions made by the Ringling College of Art and Design or its agents in this regard for the good of myself and for the good of the group. I give permission to Ringling College of Art and Design, its governing board, officers, employees and representatives, to contact, at their discretion, my family members or emergency contact if I become ill or have any problems or needs while participating in this program.

I understand that if I am dismissed from the event/activity for any reason, before or during the dates of the event/activity, I will be responsible for any additional expenses incurred due to my dismissal and/or failure to complete the event/activity in its entirety. I also understand that no refunds for submitted funds related to the event/activity cost or transportation will be given.

Signature:    _________________________________________  
Name (Printed):    _________________________________________  
Date:      _________________________________________  
Permanent Home Address:  _________________________________________  

Signature (Parent or legal Guardian)  _________________________________________  
For participants under the age of 18 Years         (Date)

I HAVE CAREFULLY READ THIS AGREEMENT AND UNDERSTAND IT TO BE A RELEASE OF ALL CLAIMS AND CAUSES OF ACTION FOR MY INJURY OR DEATH OR DAMAGE TO MY PROPERTY THAT OCCUR WHILE PARTICIPATING IN THE DESCRIBED ACTIVITY OR PROGRAM.

Signature of Participant: _____________________________________________________ (Date)