

**CITY OF BREA  
BREA COMMUNITY CENTER**



**Consent for Exercise Program  
Waiver, Release and Indemnity**

Name \_\_\_\_\_ Birth Date \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State CA Zip \_\_\_\_\_

**Exercise Objectives:** The purpose of an exercise program is to develop and maintain cardio respiratory (aerobic) fitness, muscular strength and endurance, body composition, and flexibility. These recommendations follow industry standards and should be conducted under the supervision of a trainer with a minimum of a national certification.

**Procedures:** A structured exercise program based on individual needs (obtained fitness assessment information), interests, and/or physician's recommendations will be given to each participant. Exercises may include aerobic activities (treadmill walking/running, cycling, rowing machine exercise, group aerobic activity, swimming, and other such activities), calisthenics, and weight lifting to improve a warm-up, exercise at target heart rate, and cool-down components and follow The American College of Sports Medicine's recommendations.

**Potential Risks:** All exercise programs/testing are designed to gradually increase workload on the cardio-respiratory and musculoskeletal systems in order to effect improvements. The body's reaction to gradually increasing exercise activities cannot be predicted with complete accuracy. Unusual changes during or following an exercise session may occur. These may include muscular or joint injury, abnormal blood pressure, delayed onset of muscle soreness (DOMS), fainting, disorders of heartbeat, and/or very rare instances of heart attack or death.

**Potential Benefits:** Benefits obtained from a structured and regularly employed exercise program might include a more efficient cardio respiratory system, an improved musculoskeletal system, a decrease in body fat, a decrease in blood fats, an improvement in psychological function, and a decrease in the risk of heart and other diseases.

**Supervision:** Your trainer is not responsible for injuries and/or damages that occur when the facility/individual (s) are not supervised by your trainer or during non-operational hours.

**Confidentially:** All participant exercise program information will be treated as privileged and confidential and will not be revealed to any person (other than the trainer involved in the participant's exercise program) without express written consent. Obtained information, however, may be used for statistical or scientific purposes with right to privacy retained.

**Inquiry and Freedom of Consent:** I have read the foregoing and I understand the objectives, procedures, potential risks and benefits, supervision issues, and confidentiality involved. Unless otherwise indicated under the "comments" section below, I certify that I am in good health and

have no condition that would limit/prohibit my participation in a structured exercise program. I understand that if there are any questions about the procedures or methods used during an exercise session, I should ask my trainer. I realize that injury may result from improper exercise techniques or misuse of exercise facilities or equipment. I agree to be attentive to all instructions given to me and to exercise and use facilities and equipment correctly. I assume responsibility for monitoring my own condition throughout the exercise program and should any unusual symptom (s) occur, I will cease my participation and inform my trainer. I shall also notify my trainer of any changes in my medical status. I consent to the administration of any immediate resuscitation measures deemed advisable by my trainer or other qualified personnel.

**Waiver, Release & Indemnity:** I understand that participation in recreational activities offered by the City of Brea (“City”), including required transportation (“the Activities”), is not without risk and that I may suffer serious or fatal illness or injuries as a result. With full knowledge of such risks, and in consideration of being permitted to participate in the Activities, I hereby fully assume all risks, known and unknown, of illness and injuries, even if caused by the action, inaction, or negligence of the City or any City official, employee or volunteer (“Released Parties”), to the fullest extent allowed by law. I further agree to indemnify, defend and hold harmless the Released Parties, with respect to any and all claims and liabilities for bodily injury, illness or death, in any way arising out of my participation in the Activities, to the fullest extent allowed by law.

I hereby authorize the City to render emergency medical care if deemed necessary, and to pay all costs thereof. I further authorize the City to use any photograph, video or other image taken of me during the Activities, for any City purpose, and without compensation.

Printed Name \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_