

NHTI ID # _____

Name: _____

Please Print

**NHTI Wellness Center
STUDENT/EMPLOYEE WAIVER AND RELEASE OF LIABILITY**

I, the undersigned, am voluntarily participating in physical training and exercise activities at the Dr. Goldie Crocker Wellness Center (Wellness Center). I am aware that there are significant and inherent risks involved in all aspects of physical training and exercise activities. These risks include, but are not limited to, health incidents, accidents, falls and other incidents resulting in injuries including cramps, floor burns, sprains, bruises, muscle injuries, fractures, cardiovascular or pulmonary problems, and other injuries or death due to my own negligence, the negligence of other persons, improper use or failure of equipment, variations in floor surface conditions, negligence in maintaining the premises and equipment and other hazards. For and in consideration of being permitted to use Dr. Goldie Crocker Wellness Center, I assume all risks in any way connected with or related to physical training and exercise activity and use of the Wellness Center and hereby release, waive and covenant not to sue NHTI – Concord’s Community College, the Community College System of New Hampshire and its trustees, officers, directors, employees and agents (Releasees or NHTI) for any and all claims which I may have relating to personal injury or death, theft or destruction of, or damage to personal property, and from any and all liability whatsoever to me relating to my use of the Dr. Goldie Crocker Wellness Center whether caused by negligence of the undersigned, Releasees, or otherwise.

I acknowledge having read and knowing NHTI’s rules, regulations, policies, and procedures relating to use of the Wellness Center, the activities, facility and equipment that I may be using and understand that safe and proper participation in activities and use of the facility and equipment is dependent upon carefully following such policies and procedures. I further acknowledge that I have the requisite skills, qualifications, physical ability and training necessary to properly and safely participate in the activities and use the facility and equipment. If I have any questions as to what skills, qualifications, level of fitness or training is necessary to properly and safely participate in the activity or use the facility or equipment, I will ask an appropriate staff member at the Wellness Center. I further acknowledge that I have been given an opportunity to participate in an orientation and to ask questions and understand what is expected of me. I understand that failure to follow NHTI’s rules, regulations, policies, and procedures may result in sanctions including but not limited to loss of privileges at the Wellness Center.

I certify that I am in adequate physical condition and physically able to properly and safely participate in the activities and use the facility and equipment. I understand that I should consult a physician before participating in any physical training and exercise activities.

In the case of an incident warranting medical attention, I expressly authorize NHTI to obtain medical treatment for me. I agree that I will be financially responsible for any costs of such medical treatment and all action taken on my behalf. I agree to hold Releasees harmless from any and all claims which I may have arising out of or related to such medical treatment and all action taken on my behalf.

I have read and understand the foregoing Waiver and Release of Liability and I understand that by signing this form I am waiving valuable legal rights and taking on significant obligations.

Student/Employee Signature: _____

Date: _____

Parent/Guardian Signature: _____
(if under 18 years old)

Date: _____

WC Clerk Signature: _____

Date: _____

WC Staff Initials: _____



Guest Visits Tracker



Updated: 8/10/2017 DSS

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NHTI Wellness Center Orientation

The purpose of the **Orientation** is to familiarize users with the **General Rules and Regulations** of the facility, weight room equipment and its proper use and proper gym etiquette.

General:

1. The Wellness Center may be used by all students, faculty, staff employees of CCSNH, and Police Standards and Training. Employees of the vendors contracted by the college, the Bookstore and Food Service, may also use the facilities. All users are required to follow the Rules and Regulations.
2. In addition to this form you must also have completed the **Waiver and Liability Release** and **Emergency Contact Form**.
3. You must have your **I.D.** validated each semester at the Bursar's Office to verify that all college related fees are paid or that you have arranged for payment. A semester specific validation sticker will be affixed to your I.D. by the Bursars Office as proof of good financial standing.
4. Please remember that a student must produce the College Identification card when requested by a campus Security Officer or other College official.

General Use Guidelines:

- Present your I.D. and swipe in and out at the front office window as well as at each entrance.
- No I.D., No Entry.
- The use of locker rooms is permitted except during special events held in the gym that will utilize the locker rooms.
- Please write legibly when filling out all forms; no nicknames or initials.
- All injuries must be reported to staff; there is required paperwork and protocol to follow. If injury results in loss of blood, notify staff immediately so that the area can be properly cleaned.
- In case of emergency, NHTI Wellness staff takes care of contacting 911, Health Services, and Security. You are responsible for costs.

We encourage you to see a physician before undertaking and exercise program and to continue to maintain good health practices.

Facility Rules:

- A. Shoes must be worn at all times – No bare feet or socks.
- B. Shirts must be worn at all times in the fitness area.
- C. Please use appropriate language and demonstrate proper behavior at all times.
- D. Please act responsibly and dispose of trash in the appropriate containers.
- E. Emergency exits are for Emergency exit only! All users must enter and leave through the main building entrances only.
- F. Glass containers are not allowed in the gym.
- G. Please report any damages, broken equipment, safety issues, or concerns to staff.
- H. NHTI I.D. must be produced to sign out equipment.
- I. Guests must sign waivers and be approved by the NHTI Wellness Director or Athletic Director.
- J. In an emergency, notify NHTI Wellness Staff.
- K. In case of fire alarm please shut off equipment you are using and immediately exit the building.
- L. All policies of NHTI Student Handbook and Faculty/Staff Handbook, and laws of the State of New Hampshire apply.

I, the undersigned, have read all the above Orientation Rules, Regulations and Policies of the Wellness Center. I understand all items included in this document and agree to abide by all provisions. By my signature below, I attest that I have participated in a fitness facility orientation in the past, and voluntarily decline participation in the presentation of the aforementioned material by NHTI Concord's Community College Wellness Center staff.

Please Print First Name/Last Name

Signature

Date

PLEASE NOTE: This form must be signed in the presence of an NHTI Wellness Center staff member.