OKLAHOMA STATE UNIVERSITY – TULSA

OSU-Tulsa Fitness Studio

Liability Waiver

First Name: _________________________ Last Name ____________________________

Email address: ____________________________________________________________

Phone: __________________________

Emergency contact: ____________________________ Phone: ______________________

Fitness Studio Informed Consent Form

Potential Benefits: The potential benefits of regular exercise are well documented and can be summarized to include the following: helps control weight, helps you relax, improves physical work capacity, reduces the risk of heart disease, helps you feel better, and helps you live longer.

Potential Risks: The potential risks associated with exercise include exhaustion, fatigue, fainting, discomfort, pain, high blood pressure, high heart rate, high respiration rates, and on rare occasions, heart attack, stroke, or death. The occurrence/nonoccurrence of these events depends largely on the exerciser’s ability to recognize his/her own signs/symptoms and take the appropriate action; for example reducing intensity of exercise or resting.

Consent by Subject or Legal Guardian: I have read the foregoing, I understand it, and any questions, which may have occurred to me, have been answered to my satisfaction. I am in good health and do not have any medical condition that could be aggravated by participating at the OSU-Tulsa Fitness Center, nor would a physician advise me not to participate in activities at the Wellness Center.

As a participant in the OSU-Tulsa Fitness Studio, you will be expected to not use vulgar language, and to participate in accordance with the rules and instructions of each class or event. The Wellness Center staff or class instructors also reserves the right to demand that any client cease certain behaviors and/or leave the premises. The Wellness Center staff or class instructors reserves the right to turn away any participants in the event that class is at full capacity.

Print Name Clearly: ____________________________ Signature: ____________________________