

Poole Training Center

Liability Waiver & Release Form

Participation in any **Dance Class, Physical Fitness, Exercise or Weight Training** class may involve injury of some type to either yourself or a fellow student. Such injury can include direct physical and possible crippling injury to one's body and the possibility of emotional injury experienced as a result of witnessing or actually accidentally inflicting injury to another. The severity of such injury can range from a minor injury to complete paralysis, or even death. Such injury can impair one's general physical and mental health and hinder one's future ability to earn a living and generally to enjoy life. Injuries in a **Dance Class, Physical Fitness, Exercise or Weight Training** class can occur and you are encouraged to have a complete physical examination prior to attending class if you have any health problems or considerations due to injury, illness or age or a history of heart disease or high blood pressure, respiratory problems, skeletal or muscular injuries or ailments or are 30 lbs or more over your recommended weight based on a standard weight chart. Risks that may be encountered may include cardiac or respiratory distress; bone or joint injuries; back or muscle injury; slipping, tripping or falling; lifting, twisting, straining, spraining or breaking an appendage; or other trauma or injury. Injuries may result from the correct or incorrect performance of techniques or equipment used in class, from misfitted or worn equipment, from the administration of first aid, from failing to follow training, safety or other rules. This list is non-exhaustive and is provided by way of illustration of risks or injuries that may be incurred.

The purpose of this WARNING is to bring your attention to the existence of potential dangers associated with participation in this class and to aid you in making a voluntary and informed decision as to whether you (or your child or ward) should participate in this class or activity. As a student or a parent/guardian of a student, it is your responsibility to learn about and/or to inquire of teachers, physicians, attorneys or other knowledgeable persons about any concerns that you might have at any time regarding student safety and the safety of this class or club activity. You may seek legal counsel before signing this form. If you decide to participate, by your signature you hereby agree to indemnify and hold harmless Poole Training Center including all instructors, employees and/or agents against any and all claims, damages, demands, liabilities and costs incurred including attorney's fees, which might be made by the undersigned or any third party as a result of damage, injury or death suffered. This agreement shall be binding upon the heirs, successors and assigns of the undersigned. I understand and acknowledge that signing this agreement severely limits my legal rights and as such, I have been encouraged to see legal counsel before signing.

STUDENT: I hereby acknowledge that I have read and do understand the above information and warning of risks and that I voluntarily choose to participate and that I intend to learn and follow all safety procedures. I understand and acknowledge that I have been encouraged to seek legal counsel before signing this document and that by signing this form I am severely limiting my legal rights. A complete copy of this form will be provided to me upon request.

Signature Student Date _____

Printed Name

PARENT/LEGAL Guardian (if student is under 18 years of age): I have read the above WARNING and I understand that this class may potentially involve the RISK OF INJURY OR DEATH and that by permitting my child/ward to participate in this class they may be subject to the possibility of injury or death. I acknowledge that I do understand the contents of this form and I voluntarily choose to permit my child/ward to participate and by my signature do hereby release, indemnify and hold the college, its officers, employees and agents harmless from any claims, damages, demands, liabilities and costs incurred including attorney's fees. I understand and acknowledge that I have been encouraged to seek legal counsel before signing this document and that by signing this form I am severely limiting my legal rights. A complete copy of this form will be provided to me upon request.

Signature of Parent or Legal Guardian Date _____

Printed Name

REGARDING EQUINES
WARNING

UNDER SOUTH CAROLINA LAW, ANY EQUINE ACTIVITY SPONSOR OR EQUINE PROFESSIONAL IS NOT LIABLE FOR AN INJURY TO OR THE DEATH OF A PARTICIPANT IN AN EQUINE ACTIVITY RESULTING FROM AN INHERENT RISK OF EQUINE ACTIVITY, PURSUANT TO ARTICLE 7, CHAPTER 9 OF TITLE 47, CODE OF LAWS OF SOUTH CAROLINA, 1976