

PHYSICIAN'S STATEMENT AND MEDICAL RELEASE FORM

To the Physician of: _____:

The Adapted Physical Education Program from IUPUI's School of Physical Education will conduct an exercise program at the National Institute for Fitness and Sport (NIFS) for individuals with disabilities. The mission of the Ability Fitness Program (AFP) is to enhance physical performance, fitness and health in these individuals. AFP will strive to improve the quality of life, physical and psychological well being, and activities of daily living through physical movement and educational programming.

The above named individual has applied to participate in the Ability Fitness Program. This Program will meet for eight weeks and will be supervised by ACSM certified Health/Fitness Instructors at NIFS. Each participant will undergo a pre- and post- assessment unless deemed unable by the treating physician, tester and/or participant due to contraindications and/or physical ability. The assessment will consist of the following: resting heart rate, percent body fat, resting blood pressure, sub-maximal aerobic capacity, height and weight, flexibility, body circumference measurements, and muscular strength and endurance.

At the end of the program, a summary of the assessments along with participant's success in the program will be sent to you. If you know of any medical or other reason why participation in this exercise program would be unwise for the applicant, please indicate so on this form. If you have any questions, please contact Dr. Katie Stanton, Ph.D. at (317) 274-2295.

REPORT OF PHYSICIAN

(Please check all that apply)

I, Dr. _____, being the physician for _____ and responsible for his/her care and/or treatment, know of no reason why this individual should not participate in the Ability Fitness Program.

Physician's Signature _____ Date: _____

Address: _____ Phone Number: _____

The following are exercise/activities the applicant may participate. Please check those that should be restricted:

<input type="checkbox"/> Aerobic Dance	<input type="checkbox"/> Jogging/Running	<input type="checkbox"/> Walking
<input type="checkbox"/> Arm Ergometer	<input type="checkbox"/> Resistance Training	<input type="checkbox"/> Other
<input type="checkbox"/> Cross Country Ski Machine	<input type="checkbox"/> Stair Climbing	
	<input type="checkbox"/> Stationary Cycling	

Other recommendations (include contraindicated exercises due to medication, disability, etc.)



Fitness Center Membership Application

OFFICE	Bar Code #		Method of Payment	Pilates	\$
	Membership Type		Initiation Fee	Nursery/FIT	\$
	Company Name		Membership Dues	Locker	\$
USE	Join Date		Pro-Rated Dues	Class/Program	\$
	Expiration Date		Parking	Other	\$
ONLY	Initials of Processor		Personal Training	TOTAL PAYMENT \$	
	<input type="checkbox"/> Application Ready for Filing		Nutrition Consultation	\$	

Were you a guest prior to joining NIFS? Yes No

NAME:

Last Name _____ First Name _____ M.I. _____ Greeting (Preferred Name) _____
 Mr. Mrs. Ms. Miss Dr. Male Female Date of Birth ____/____/____

ADDRESS:

Home Address (Bill me & receive mailings here). _____ City _____ State _____ Zip _____

PHONE:

Home Phone _____ Work Phone _____ Best Contact Phone _____

EMERGENCY:

Emergency Contact _____ Emergency Phone _____

E-MAIL:

E-mail Address (Please include if you would like to receive program updates and important facility announcements). _____ TouchFit Password _____

EMPLOYER:

Employer _____ Employer Phone _____

BILL PAYER:

(If not listed above)

Statement Name _____ Contact Name _____ Home Phone _____ Work Phone _____
 Address _____ City _____ State _____ Zip _____

Please check your interests and preferences so that we may help you with your exercise program:

<p>Educational Interest</p> <input type="checkbox"/> CPR Certification <input type="checkbox"/> Low Back Care <input type="checkbox"/> Nutrition <input type="checkbox"/> Self Defense <input type="checkbox"/> Stress Management <input type="checkbox"/> Weight Management	<p>Exercise Preferences</p> <input type="checkbox"/> Abdominal Training <input type="checkbox"/> Circuit Training <input type="checkbox"/> Dancing <input type="checkbox"/> Elliptical Cross-Trainer <input type="checkbox"/> Flexibility Training <input type="checkbox"/> Group Cycling <input type="checkbox"/> Group Fitness <input type="checkbox"/> Jogging/Running <input type="checkbox"/> Stair Climbing <input type="checkbox"/> Stationary Bike <input type="checkbox"/> Strength Training <input type="checkbox"/> Stretching <input type="checkbox"/> Tai-Chi <input type="checkbox"/> Walking <input type="checkbox"/> Yoga / Pilates	<p>Individual Sports</p> <input type="checkbox"/> Cycling <input type="checkbox"/> Golf <input type="checkbox"/> Gymnastics <input type="checkbox"/> Inline Skating <input type="checkbox"/> Rowing <input type="checkbox"/> Skiing <input type="checkbox"/> Swimming	<p>How did your hear about us?</p> <input type="checkbox"/> Apartment Community <input type="checkbox"/> Brochure / Flyer <input type="checkbox"/> Coach <input type="checkbox"/> Coupon/Guest Pass <input type="checkbox"/> Doctor Name: _____ <input type="checkbox"/> Employer <input type="checkbox"/> Friend/Family <input type="checkbox"/> Former Member <input type="checkbox"/> Internet/Web site <input type="checkbox"/> IU Medical Group at NIFS <input type="checkbox"/> IUPUI <input type="checkbox"/> Magazine <input type="checkbox"/> Mail Promotion <input type="checkbox"/> Member <input type="checkbox"/> NIFSsource <input type="checkbox"/> Newspaper <input type="checkbox"/> Phonebook/Yellow Pages <input type="checkbox"/> Radio <input type="checkbox"/> Special Event <input type="checkbox"/> Television <input type="checkbox"/> Walk By
<p>Specialty Interest</p> <input type="checkbox"/> Athletic Performance <input type="checkbox"/> Half Marathon Training <input type="checkbox"/> Metabolic Testing <input type="checkbox"/> Multi-Sport Training <input type="checkbox"/> Performance Testing <input type="checkbox"/> Personal Training	<p>Medical</p> <input type="checkbox"/> Cardiac or Pulmonary Rehab <input type="checkbox"/> Executive Physicals <input type="checkbox"/> Medical Clinic Services <input type="checkbox"/> Radiology Clinic Services	<p>Team Sport Interest</p> <input type="checkbox"/> Baseball <input type="checkbox"/> Softball <input type="checkbox"/> Basketball <input type="checkbox"/> Soccer <input type="checkbox"/> Football <input type="checkbox"/> Volleyball <input type="checkbox"/> Hockey	
<p>Other</p> <input type="checkbox"/> ACSM Certification <input type="checkbox"/> Incentive Programs <input type="checkbox"/> School or Scout Field Trips <input type="checkbox"/> Youth Programs		<p>Would your employer be interested in the following?</p> <input type="checkbox"/> Corporate Membership <input type="checkbox"/> On-Site Fitness Management <input type="checkbox"/> Team Building <input type="checkbox"/> Wellness Programs	



Waiver, Release of Liability and Consent to Medical Attention

In Exchange for my being allowed to participate in the National Institute for Fitness and Sport's (the "Institute") programs and opportunities (the "Activity"), I, and if I am not yet 18 years old, my parent or legal guardian (individually and collectively referred to below in the first person singular) agree to be bound by each of the following:

- 1. Obligation to Inspect Facilities and Equipment.** I agree that prior to participating in the Activity, I will inspect the facilities to be used. If I believe anything to be unsafe, I will immediately advise the Institute of such unsafe condition(s) and may decline to participate in the Activity.
- 2. Identification of Risks.** I understand that participation in the Activity may involve risk of injury, disability and death and perhaps damage to property.
- 3. Assumption of Risk.** I am physically and psychologically ready to participate in the Activity and assume all risks connected with my participation in the Activity. I am voluntarily participating in the activity and using equipment and machinery with knowledge of the dangers involved. I accept personal responsibility for any liability, injury, loss or damage in any way connected with my participation in the Activity.
- 4. Status of the Institute.** I understand and represent that the Institute (including its affiliated organizations, directors, officers, sponsors, employees, agents, successors, and assigns) is not my physician and that the Activity does not constitute the provision of medical or health care services.
- 5. Waiver and Release.** I release and discharge the Institute, Indiana University (the owner of the Institute's premises), and each of their affiliated organizations, directors, officers, sponsors, employees, agents, successors, and assigns from all claims for any liability, injury, loss, or damage in any way connected with my participation in the Activity, whether or not caused in whole or part by the negligence of any of the organizations or individuals mentioned above. I intend for this waiver and release to also apply to my relatives, personal representatives, heirs, beneficiaries, next of kin, and assigns who might pursue any legal action or claim for such liability, injury, loss or damage. I further intend that this waiver and release shall be effective indefinitely, including all renewals of membership or participation in other programs or opportunities of the Institute, and unless and until I provide written notification to the Institute to the contrary.
- 6. Consent for email and photo/video release.** I hereby authorize and give my full consent to the Institute to copyright and/or publish any and all photographs, video and/or audio in which I appear while attending the Institute or Activity. I further agree to allow, without compensation, my likeness and/or name to appear, and to otherwise be used, in material, regardless of media form, promoting the Institute, and/or its events and activities. I

agree to receive direct e-mail communication from the Institute (If I do not wish to receive e-mail from the Institute, I can remove myself from the mailing list by clicking 'Unsubscribe' within the emails I receive at any time.)

- 7. Consent to Medical Treatment.** I agree that the Institute (including its affiliated organizations, directors, officers, sponsors, employees, agents, successors, and assigns) may, but has no duty to provide me, through medical personnel of their choice, customary medical or training assistance, transportation, and emergency medical services.
- 8. Applicable Law and Venue.** This waiver, release, and consent shall be governed, construed, and enforced in accordance with the substantive law of the State of Indiana. Any action with respect to this document or the Activity shall be brought in or venued to a court of competent jurisdiction (or other dispute resolution process) sitting in Marion County, Indiana.
- 9. Severability.** If any provision (or portion of any provision) of this waiver, release, and consent is held to be invalid or unenforceable, that provision shall be enforceable in part to the fullest extent permitted by law, and such invalidity or unenforceability shall not otherwise affect any other provision of this instrument.

I have read this waiver, release and consent and understand that I have given up substantial rights by signing it. I am signing this Waiver, Release and Consent voluntarily.

 Signature

 Printed Name

 Date

 Witness Signature

 Date

If the person participating in the Activity is not yet 18 years old: As a parent or legal guardian of the above named child, I verify that I fully agree to, understand, and accept all provisions of this Waiver, Release and Consent.

 Signature

 Printed Name

 Date

 Witness Signature

 Date

- Check here to receive NIFS traffic alerts, class cancellations and holiday hour notices.**
- Check here to receive NIFS special promotions and new program notices.**



250 University Blvd. Indianapolis, IN 46202-5192
 317.274.3432 Phone
 317.274.7408 Fax
www.nifs.org

nifs Fitness Center Rules and Regulations

The following Fitness Center rules have been established to ensure your enjoyment and safety when using the facility. We expect our members and guests to behave maturely, responsibly and respectfully and therefore insist on your cooperation in observing these rules. We will not tolerate conduct or language that is improper, threatening or hazardous including but not limited to arguing, fighting, use of profanity, indecent behavior or inappropriate sexual activity and reserve the right to deny guest privileges, suspend or even terminate a membership for failure to comply with these rules or for any other reason.

HOURS OF OPERATION

(subject to change)

Monday-Thursday	5:30 a.m. – 10:00 p.m.
Friday	5:30 a.m. – 9:00 p.m.
Saturday & Sunday	7:00 a.m. – 6:00 p.m.

* Closed Thanksgiving Day, Christmas Day and New Year's Day. Limited hours on other holidays.

MEDICAL EXAMINATION

All members are strongly encouraged to have a complete physical examination prior to beginning an exercise program. Individuals found to be at high risk for cardiovascular disease or who have a history of medical or health related problems may be required to have a medical examination and, in some cases, successfully undergo a maximal GXT (Graded Exercise Test) prior to membership acceptance. The results of GXT's conducted elsewhere may be considered to fulfill the membership requirements (at the Institute's discretion) only if the GXT was conducted within one year of the membership application.

BUILDING ACCESS AND CHECK-IN

Upon arrival, membership scan cards are to be presented and swiped at the Service Desk. Members will be asked to show a picture ID if they don't have their scan card or if we don't have a picture on file. Members and guests leaving the building to exercise should take their scan card or locker key to show when reentering the Fitness Center.

GUESTS

Upon arrival, members must register their guest(s) at the Service Desk. All guests must present a valid picture ID showing date of birth. Guests may visit a maximum of three times with a guest pass or as a member guest. A \$5.00 fee is charged for the first 3 visits of a member guest. After the third visit, guests pay \$12 for a day membership. Members may bring up to two guests at one time unless prior arrangements have been made. Guests must be 16 or older and if under age 18 must be accompanied by a parent or guardian. Members are responsible for the conduct of their guest(s). Guests not accompanied by a NIFS member pay \$12 for a day membership.

PERSONAL TRAINING

It is prohibited for a member or guest to conduct or solicit personal training on NIFS premises. Violators will be subject to membership revocation. Personal training is a service offered by NIFS.

EQUIPMENT CHECKOUT

A valid photo ID must be exchanged for use of the following equipment at the service desk: basketballs, volleyballs, all related golf equipment, all related table tennis equipment, heart rate monitors, spri tubing and security lockers. Only 1 item per ID is permitted.

PARKING PERMITS

Parking permits issued at NIFS are valid only in the lot East of and adjacent to the NIFS building. If you are a NIFS member and a permit is not included with your membership, you may purchase one at the Service Desk. Due to a limited number of parking spaces in the NIFS' lot, we request that you only park in the lot when using the Fitness Center. A \$10 replacement fee is charged for a lost or stolen permit.

DRESS CODE

Proper athletic shoes and shirts must be worn in all public areas. Shoes must have non-marking soles and fully enclose the entire foot. No sandals.

WHIRLPOOL, SAUNA, AND STEAM ROOM

You must be 16 or older to use the wet area. Please shower before entering the sauna, whirlpool and steam room area. Please sit on a towel while in the sauna or steam room. For safety, limit use of sauna, whirlpool and steam room to a combined maximum of 10 minutes. Monitoring your physical condition during usage is essential. If you experience symptoms of overexposure such as lightheadedness, dizziness, increased heart rate, nausea or extreme fatigue, leave immediately and sit until your body temperature returns to normal. Should symptoms continue, seek assistance from the Service Desk. Recommended temperatures are as follows:

Sauna (170-180°F)

Steam Room (100-110°F)

Whirlpool (102-105°F)

Individuals at high risk (pregnant women, individuals who take prescription medicine or use alcohol, and individuals with elevated blood pressure, diabetes, or heart disease) should not use the sauna, steam room or whirlpool unless authorized by a physician.

LOCKER ROOMS

Lockers are for daily use only. Items left overnight, unless in a rented locker, will be removed. The retrieval fee for belongings is \$3. Members may rent kit lockers for \$10 per month pending availability. Towels and lockers for daily use are provided at no charge. Security lockers to store valuables are available for no charge (see equipment checkout). **Do not leave valuables unprotected or in your locker** as NIFS is not responsible for lost or stolen property. Camera phones may not be used in the locker rooms. Please respect the respiratory sensitivities of others by not spraying heavily scented perfumes, colognes or other scented aerosols. Children under 11 must be accompanied by a parent at all times. Children over 4 years of age are not permitted in the locker room of the opposite gender.

TRACK ETIQUETTE

Runners and walkers have the right-of-way. Please use caution when crossing the track. Slower runners and walkers should stay on the inside lanes. Faster runners should run in the outer lanes and pass slower runners/walkers on the outside. Provide at least 2 feet of clearance between you and the person you are passing. Run or walk in the direction indicated. Please do not spit on the track. Additional track guidelines are posted in the Fitness Center.

EXERCISE ETIQUETTE

Personal audio equipment must be used with

headphones. Allow others to work in on weight equipment and be courteous of those waiting

during peak times. Please replace all dumbbells and plates on the appropriate racks when finished. Please wipe perspiration off equipment after use.

BASKETBALL COURT ETIQUETTE

Games are to be played quickly and fairly to allow players to enjoy the game. Guest use may be restricted to allow members full opportunity to play. Fighting, swearing, arguing, indecent behavior and misuse of equipment is not allowed. NIFS staff has final say concerning court conduct. Staff may remove offensive players, clear the court, revoke a membership or have individuals expelled.

LOST AND FOUND

Inquire about lost articles at the Service Desk. **NIFS is not responsible for lost, found, or stolen items.** Items are donated after being held for 3-4 weeks.

SMOKING AND TOBACCO USE

Smoking or use of smokeless tobacco is not permitted anywhere on the NIFS premises, including the patio.

FOOD AND DRINK

Food is not permitted in the activity areas of the Fitness Center. Beverages must be in a plastic container.

DUES AND OTHER CHARGES

Initiation Fees. Initiation fees are non-refundable (see Service Guarantee exception below).

Dues. Dues are paid **in advance** either monthly

or annually. Monthly dues are paid via electronic funds transfer (EFT) or credit card debit. We will automatically deduct your payment from your designated MasterCard, Visa or bank account on the 25th of each month or the next business day for the following month's dues. Please notify Member Services of any account changes prior to the 15th of the month.

Returned Bank Items. A charge of \$10.00 will be assessed for any items returned by the bank.

Past Due Accounts. Admittance is contingent on your dues being paid in advanced. Accounts are closed at 60 days past due.

nifs Fitness Center Rules and Regulations *(continued)*

30 Day Member Service Guarantee

We are committed to helping our members make health and fitness part of their lifestyle. However, if for any reason your membership to NIFS does not meet your expectations you may cancel your membership and receive a full refund less a \$50 processing fee as long as you have used the facility a minimum of 10 times within these 30 days. All requests must be made in writing to a Member Services Manager.

MEMBERSHIP FREEZE POLICY

As a courtesy, NIFS will put a "freeze" on your membership with the following terms:

1. A freeze is not effective until a **signed Freeze Request Form** has been received. Freeze forms may be submitted in person, by mail, by fax or via the web at www.nifs.org/fitness/freeze.asp.
2. If your request is received between the **1st and 15th**, your freeze can be effective at the end of the **current** month. If your request is received **after the 15th**, your freeze will be effective at the end of the **next** month. Requests may be submitted earlier than the current month.
3. Requests may be submitted for a **minimum of one calendar month** and a **maximum of 6 calendar months per any 12-month period**. Exceptions to this would be for military duty (request must be accompanied by your transfer or deployment

papers) or a medical reason (request must be accompanied by a letter from your medical doctor indicating your condition prevents you from using the facility). We will still need an expected ending date for our records, but this may be extended if necessary.

4. A **\$5.00 maintenance fee** is charged in lieu of the monthly dues amount during your freeze. This fee is waived if the freeze is due to military service. If you pay monthly, this will be deducted from your bank account or credit card. Other members, please pay your fee at the time of your request.
5. **Billing will automatically resume** at the end of your requested freeze time or when your charges exceed your credit. Note: Your due date will stay the same. This is not bumped forward; a credit is applied to the total.
6. Please **notify Member Services** of any **changes** in the length of time of your freeze. If you are able to return earlier than expected, you will need to pay for any balance this creates on your account at the time of return.

CANCELLATION POLICY

1. A cancellation is not effective until a **signed Cancellation Request** has been received. Cancellation forms may be submitted in person, by mail, by fax or via the web at www.nifs.org/fitness/cancel.asp.
2. If your request is received between the **1st and 15th**, your cancellation will be effective at the end of

the **current** month. If your request is received **after the 15th**, your cancellation will be effective at the end of the **next** month. Notice must be received in time to stop your AutoPay deduction on the 25th or the next business day. Remember, dues are paid **in advance** (May 25 debit is for June dues). Requests may be submitted earlier than the current month. If your account is not in good standing, any balance will be due at the time of cancellation or your AutoPay will remain active until a zero balance has been reached.

3. A refund can be issued for unused future months less a \$10 processing fee if requested at the time of cancellation. Refunds cannot be issued for non-usage of the facility.
4. To rejoin, former members pay half of the applicable initiation fee up to \$75.00.

Refunds (after 30 days)

A refund can be issued for unused future months less a \$10 processing fee if requested at the time of cancellation. Refunds cannot be issued for non-usage of the facility and will not be issued for any disputed charges on your NIFS' invoice or posted to your credit card or bank account if we are not notified in writing within 60 days of receipt

REJOINING

Former members may rejoin by paying half of the applicable initiation fee up to a maximum of \$75.00.

nifs Physical Activity Readiness Questionnaire (PAR-Q)

Regular physical activity is fun and healthy, and very safe for most people. However, some people should check with their doctor before they start becoming much more physically active. If you are between the ages of 15 and 69, the PAR-Q will tell you if you should check with your doctor before you become much more physically active than you are now. If you are over 69 years of age, and you are not used to being very active, check with your doctor. Common sense is your best guide when you answer these questions. Please read the questions carefully and answer each one honestly: **Check YES or NO.**

	YES	NO
1. Has a doctor ever said that you have a heart condition and that you should only perform physical activity recommended by a doctor?	<input type="checkbox"/>	<input type="checkbox"/>
2. Do you feel pain in your chest when you do physical activity?	<input type="checkbox"/>	<input type="checkbox"/>
3. In the past month, have you had chest pain when you were not performing any physical activity?	<input type="checkbox"/>	<input type="checkbox"/>
4. Do you lose your balance because of dizziness or do you ever lose consciousness?.....	<input type="checkbox"/>	<input type="checkbox"/>
5. Do you have a bone or joint problem (for example, back, knee or hip) that could be made worse by a change in your physical activity?	<input type="checkbox"/>	<input type="checkbox"/>
6. Is your doctor currently prescribing any medication for your blood pressure or for a heart condition?	<input type="checkbox"/>	<input type="checkbox"/>
7. Do you know of <u>any other reason</u> why you should not do physical activity?	<input type="checkbox"/>	<input type="checkbox"/>

Did you say:

YES to one or more questions

Talk with your doctor by phone or in person BEFORE you start becoming much more physically active or BEFORE you have a fitness appraisal. Tell your doctor about the PAR-Q and which questions you answered "YES".

- You may be able to do any activity you want – as long as you start slowly and build up gradually. Or, you may need to restrict your activities to those which are safe for you. Talk with your doctor about the kinds of activities you wish to participate in and follow his/her advice.
- Find out which community programs are safe and helpful for you.

REVIEWER'S COMMENTS:

Signature and Acknowledgement:

_____ Date

NO to all questions

If you answered NO honestly to all PAR-Q questions, you can be reasonably sure that you can:

- Start becoming much more physically active – begin slowly and build up gradually. This is the safest and easiest way to go.
- Take part in a fitness appraisal – this is an excellent way to determine your basic fitness so that you can plan the best way for you to live actively.



Delay becoming much more active:

- If you are not feeling well because of a temporary illness such as a cold or a fever – wait until you feel better; **or**
- If you are or may become pregnant – talk to your doctor before you start becoming more active.



PLEASE NOTE: If your health changes so that you then answer YES to any of the above questions, tell your fitness or health professional. Ask whether you should change your physical activity plan.

Waiver, Release of Liability and Consent to Medical Attention

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agree to receive direct e-mail communication from the Institute (If I do not wish to receive e-mail from the Institute, I can remove myself from the mailing list by clicking 'Unsubscribe' within the emails I receive at any time.)

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- 9. Severability.** If any provision (or portion of any provision) of this waiver, release, and consent is held to be invalid or unenforceable, that provision shall be enforceable in part to the fullest extent permitted by law, and such invalidity or unenforceability shall not otherwise affect any other provision of this instrument.

I have read this waiver, release and consent and understand that I have given up substantial rights by signing it. I am signing this Waiver, Release and Consent voluntarily.

Signature

Printed Name

Date

Witness Signature

Date

If the person participating in the Activity is not yet 18 years old: As a parent or legal guardian of the above named child, I verify that I fully agree to, understand, and accept all provisions of this Waiver, Release and Consent.

Signature

Printed Name

Date

Witness Signature

Date

- Check here to receive NIFS traffic alerts, class cancelations and holiday hour notices.**
- Check here to receive NIFS special promotions and new program notices.**



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