Furman University Acknowledgement and Release Form

I, the undersigned, acknowledge that my son/daughter _____ is voluntarily participating in Bridges Crossing the Bridge ,which is being sponsored by *Furman University's Bridges to a Brighter Future Program*.

The program will begin on July 17 and end on July 20, 2022**.**

ASSUMPTION OF RISK AND RELEASE OF LIABILITY.

In consideration of being permitted to participate in the Activity,

_____ ***(initial here)*** I acknowledge that I am aware of the possible risks, dangers, and hazards associated with my son/daughter's participation in the Activity, including the possible risk of severe or fatal injury to my son/daughter or others. In return for *Furman University* allowing my son/daughter to voluntarily participate in the Activity, I agree to assume and accept all risks arising out of, associated with, or related to my son/daughter participating in the Activities and to be solely responsible for any injury, loss, or damage which my son/daughter might sustain while participating in the Activity. These risks include, but are not limited to travel to and from location(s) visited during the Activity.

To the maximum extent permitted by the law,

_____ ***(initial here)*** I release and indemnify *Furman University* and its officers, directors, employees, volunteers, and representatives, from and against any present or future claim, loss, or liability for injury to person or property which my son/daughter may suffer, or for which my son/daughter may be liable to any other person, during my son/daughter's participation in the Activity.

_____ ***(initial here)*** I hereby grant permission to *Furman University* or its agents and emergency responders to arrange or render medical treatment or evacuation or any other medical services deemed necessary or appropriate for my son/daughter's safety and well-being, if my son/daughter should become injured or ill during the Activity.

_____ ***(initial here)*** I grant *Furman University*, in its sole discretion, full permission to take and use photographs and/or videos of my son/daughter, either alone or with others, for use on University web sites or other electronic form, print or media, without notifying me, in promotion of *Furman University* and its related entities. I hereby waive any right to inspect or approve the photographs or electronic matter used in promotion of *Furman University* and its related entities.

I HAVE CAREFULLY READ THIS AGREEMENT AND FULLY UNDERSTAND ITS CONTENTS. I VOLUNTARILY AGREE TO BIND MYSELF, MY HEIRS, EXECUTORS AND REPRESENTATIVES IN THE EVENT OF MY DEATH OR INCAPACITY.

Parent/Guardian's Signature	Today's Date
Printed Name	Date of Birth
Cell Phone Number	
Participant's Printed Name	Participant's Date of Birth
Emergency Contact / Relation	Phone Number

INFORMED CONSENT FOR PARTICIPATION IN AN EXERCISE PROGRAM

First Name _____ Last _____ Birthdate _____

Address _____ City_____ State _____ Zip_____

Phone _____ Emergency Contact _____ Phone _____

PLEASE READ AND SIGN BELOW

1. EXPLANATION OF THE PROGRAM RISKS

I, the undersigned, being of sound mind, understand that Furman University offers guest access for the purpose of exercise at the Herman W. Lay Physical Activities Center. I consent to voluntarily engage in an acceptable plan of personal fitness training. If I am taking prescribed medications, I have already so informed the staff and further agree to so inform them promptly of any changes my doctor or I make with regard to the use of these during exercise. In a maximal bout of fitness, approximately 2.5 in 10,000 chances of adverse symptoms exist with the odds of a more serious event such as a heart attack approximately 1 in 10,000.

I have been informed that during my participation in any exercise program, I should cease activity if symptoms such as fatigue, shortness of breath, chest discomfort, or similar occurrences appear. I also understand that it is my obligation to inform the personnel on duty in the Physical Activities Center of my symptoms. I hereby state that I have been so advised and agree to inform the personnel of my symptoms, if any, develop.

I understand that the Fitness Center staff may stop my exercise program if there is any indication that termination of my exercise should be done for my safety and benefit. I also will adhere to the policies and guidelines of the PAC and have read the FFC policies and guidelines on the reverse side of this page.

2. BENEFITS TO BE EXPECTED

Participation in the exercise program may or may not benefit me directly in any way. Regular adherence to a program should increase your overall physical fitness and well being; however, other factors such as eating habits, stress and activity outside of this program may also influence the possible benefits.

3. INQUIRIES

Any questions about my exercise program are welcome. If I have doubts or questions, I can ask Fitness Center staff or the Fitness Center Director for further explanations.

4. FREEDOM OF CONSENT

Guest access in the Herman W. Lay Physical Activities Center is voluntary. I am free to deny consent if I so desire, both now and at any point during the course of my visit.

I have read this form and consent to participate in this program voluntarily. In addition, I agree to inform the Fitness Center Staff or the Director of any future medical conditions or medications which may affect participation in physical activity. I also agree to adhere to policies and guidelines of the Herman W. Lay Physical Activities Center. Furthermore, I understand that I may not hold Furman University or any of its employees or students liable for any injury or accident which may occur during or as a result of the visit in the Herman W. Lay Physical Activities Center. Lastly, I give the staff of the Herman W. Lay Physical Activities Center permission to administer basic first aid in the event of the emergency.

_____ _____ _____

Printed Name Signature *(Signature of parent of under 18 years of age)* Date

PAC Hours, Guidelines and Policies

Policies

1. An Informed Consent waiver must be completed before use of the facilities.
2. Fitness center is only open to students aged 13 and above.
3. A Bridges counselor must be in the area where the student is working out.
4. ID authorization is required to enter the Furman Fitness Center (University policy 280.1). Guest will receive either a guest pass for day use or an access number for a period longer than one day.
5. Proper attire is required (shirt and athletic shoes) for all persons using the facility. Denim jeans, sandals, flip-flops, and/or open-end shoes are not allowed. Shirts are required. To avoid rips and tears to the upholstery, belts should not be worn when sitting or laying on equipment.
6. Proper use of the equipment is paramount. Equipment is to be used in the way in which it is intended.
7. Day lockers and showers are available. Please bring your own lock and/or bath towel. Locker rooms are located on the back hallway of the PAC. Pool access is through the locker rooms.
8. The PAC is not responsible for lost or stolen items.
9. There must be a lifeguard on duty for patrons to use the pool. Pool hours are posted but subject to change due to inclement weather and lifeguard availability.

- Although exercise programs are self-directed, the staff reserves the right to modify any programs or procedures which may result in personal injury or damage to the equipment.
- Those who violate these policies will be asked to leave. Proper use of the Furman Fitness Center will help facilitate everyone's opportunity to have a safe and productive workout. Failure to comply with these guidelines and policies may result in loss of privileges to use the Furman Fitness Center.
- The Furman Fitness Center expects all patrons to behave in a manner consistent with courtesy and cooperativeness. Inappropriate behavior such as foul language, fighting, dangerous play, dangerous acts, misuse of equipment, failure to cooperate with others using the equipment, harassment in any form against others is unacceptable and may result in any conduct or action by the Furman Fitness Center, including but not limited to being required to leave the premises and/or the termination of membership.
- The Furman Fitness Center reserves the right to suspend facility use for breach of the rules or conduct which, in the opinion of the Furman Fitness Center staff, is damaging to the character or interests of Furman University or offensive to other patrons or staff.

Bridges to a Brighter Future
Understanding of Student Behavior Guidelines and Dress Code

I, _____ and _____ have thoroughly read and understand the Bridges Student Behavior Guidelines and Dress Code that have been set forth in the Bridges Summer Handbook. I agree to follow the behavior and dress guidelines and understand the consequences of not following one or more of the guidelines.

(print student's name) (print parent/guardian name)

I understand that I am required to make program staff aware of any behavior, action, or situation that is in violation of the behavior guidelines.

I understand that the program operates under "just cause" and the legal philosophy that "the hand of one is the hand of all." I understand that a Bridges student's residence hall room could be searched and/or entered without notice if there is "just cause."

Definitions:

Just Cause- A Bridges counselor, faculty, or staff have reason to believe that a behavior guideline, rule, illegal and/or inappropriate behavior has occurred or is occurring.

The Hand of One is the Hand of All- This means that even if you did not engage in breaking behavior guideline, rule, illegal and/or inappropriate behavior, but you were there when the incident occurred, then you could also be found guilty.

I understand that the Bridges staff, instructors, and counselors will implement consequences using their best judgment and appropriateness for the negative behavior.

_____ _____
Signature of Student Date

_____ _____
Signature of Parent/Guardian Date

PERMISSION AND MEDICAL INFORMATION

Bridges to a Brighter Future

Student Name (Print) _____ DOB _____Age _____

Address_____City_____State_____Zip_____

Parent/Guardian Name_____ Phone_____

Parent/Guardian Name_____ Phone_____

Mother's Work or Cell Phone _____ Father's Work or Cell Phone _____

Secondary Emergency Contact:
Name:_____ Relation to Student:_____ Phone Number:_____

MEDICAL HISTORY

(to be completed by adult participants or parents of minors)

Is there a known history of: (Circle no or yes)

A. Drug Allergies (N) (Y) If yes, name drug(s) _____
B. Currently taking medication (N) (Y) If yes, name _____
C. Pre-existing injury currently under treatment (N) (Y) If yes, what:_____
D. Fracture or other disability type of injury (N) (Y)
E. Food allergies (N) (Y) If yes, what:_____
F. Mental disorders, depression, anxiety or seizures (N) (Y)
G. Past illness of more than one week's duration (N) (Y)
H. Hearing loss (N) (Y) Visual problems (N) (Y) Glasses (N) (Y) Contact lens (N) (Y)

EXPLAIN "YES' ANSWERS: _____

_____

PERMISSION TO ADMINISTER MEDICATION

I give permission for the administration of over-the-counter medication to my child by Bridges to a Brighter Future staff as needed. Authorized medications below (please check all that apply).

___Benadryl/antihistamine products ___Aspirin/acetaminophen ___Other (please specify): _____
___Sinus/cold products ___Ibuprofen _____

1. Any over-the-counter medication allergies that you are aware of? _____
2. Is your child in possession of any over-the-counter or prescription medications? YES NO
   a. Medications_____
   b. Does your child need assistance with administering these medications? YES NO

Date:_____ **Signature:** _____

PARENTAL PERMIT

The law requires that parental permission must be obtained for any medical or emergency care for those under 18 years of age. The following consent form must be signed by the parent/guardian so that such care may be promptly carried out, and no unnecessary delays will occur with emergency procedures. However, no surgical procedure will be performed, except in an emergency, without parent/guardian being contacted and fully informed.

I give Furman University staff and its consultants permission to perform diagnostic, therapeutic, and/or surgical procedures as may be deemed necessary for my son/daughter.

Date _____**Parent/Guardian Signature** _____**Relationship to student** _____

INSURANCE INFORMATION

Name of Medical Insurance _____Policy # _____

Name of Policy Holder _____

☐ Check here if you do not have medical insurance