

**SANTIAGO CANYON COLLEGE
CIRCUIT TRAINING
STAFF FITNESS PROGRAM**

Name: _____

Department: _____ Phone/Ext. _____

Course Title: *Kinesiology 140*

ESHA Instructor's Signature: _____

Fee: No FEE

Thank you for choosing our Fitness Center as your workout destination! We hope to see you often and are here to help you achieve the fitness level you desire. Circuit Training is a non-competitive progressive exercise program emphasizing the combination of resistance weight training and low-to-moderate intensity aerobic cross-training. The goal is to develop and maintain overall physical fitness by improving muscular and cardiorespiratory system health. A philosophy of lifetime fitness is the ultimate objective, and students/staff are encouraged to develop a regular exercise program that will be enjoyable on a long-term basis. Our goal is to increase your strength, flexibility, and cardiovascular endurance.

Everyone enrolled in the Staff Fitness Program must follow the same written, posted, and verbal instructions as do all of our regularly enrolled fitness center students. Cooperation with these guidelines will help ensure your safety and the safety of those working out around you. Attending an orientation is highly recommended, and assorted hand-outs will assist you in learning how the Fitness Center operates. See an instructor for more information.

WAIVER:

I understand that this activity could cause serious illness and/or injury, and I assume all risks for any such illness and/or injury. In the event of illness or injury, I do hereby consent to whatever x-ray examination, anesthetic, medical surgical or dental diagnosis or treatment and hospital care considered necessary in the best judgment of the attending physician, surgeon or dentist and performed under the supervision of a member of the medical staff of the hospital or facility furnishing medical or dental services.

As a condition of my participation in this activity, I agree to waive all claims against Rancho Santiago Community College District (District) and to indemnify and hold District, its officers, agents and employees harmless from any and all liability or claims I may have against the District or that any other person or entity may have against the District because of any death, bodily injury, personal injury or illness, or because of any loss to property that may arise out of or in any way may arise out of the negligence of the District, its employees or agents.

I further acknowledge that the District does not provide any type of insurance including liability or medical coverage for students or staff who participate in this activity.

_____ I have no special needs the staff should be aware of and no medication is
initial required during this activity. I have consulted with my physician and
verify that I am medically fit to participate in this activity.

signature

date