Fried Center for Advancement of Potential
Statement of Understanding and Release Form

University of Virginia | Department of Student Health and Wellness

STATEMENT OF UNDERSTANDING AND RELEASE

The undersigned hereby acknowledges and agrees that:

1. _____ , _____(*herein referred to as "participant" *) expects and intends
(Student Name) (Date of Birth)
to participate in a fitness activity program known as "functional exercise" at the Fried Center for the Advancement of Potential, following the execution of this statement of understanding.

2. I understand that it is my responsibility to ensure that I am physically able to begin a functional exercise program. I understand it is my responsibility to discuss changes in my fitness training with my physician. I will disclose any current medical-related issue or medication that could affect my ability to exercise or be affected by exercise to my trainer.

3. The participant understands and acknowledges that there are specific risks of injury to a person and/or property, both anticipated and unanticipated, that are associated with any fitness program. Participant specifically agrees to and voluntarily assumes the risk of such injuries.

4. The participant understands and acknowledges that the University of Virginia assumes no liability for personal injuries or property damage to participants of the functional exercise program except to the extent that such liability is imposed by law. Participant hereby releases and covenants not to sue the Commonwealth of Virginia, the University of Virginia and their officers, employees and agents from any liability for damage, loss, injury or death, incurred by participant during, or as a result of, any such functional exercise session. Participant will abide by all state and federal law and University policy including the non-use of alcohol or controlled substances.

5. The participant understands that "functional exercise" is a strength and conditioning based exercise program that is distinct and separate from physical therapy or any other medical treatment.

6. The participant understands that trainees will participate in functional exercise sessions. Trainees work under the direct supervision of professionals who are certified in strength and conditioning training.

7. Below are the terms of relationship between participant and trainer. Please read the following conditions carefully prior to signing this agreement.

a. **Payment:** The participant will agree to pay for all assessments/sessions. Sessions will be charged directly to the Student's Information System (SIS) account. Sessions are not reimbursable through medical insurance.

b. **Cancellations:** The participant must cancel by 8am if unable to attend the session. Students who do not cancel within the expected timeframe or who arrive late to their session will be charged $40.

Signature
By signing below, I state that I am 18 years of age or older and I am authorized to make decisions for the individual named above. I agree to participate in the functional exercise program and accept the responsibilities as outlined. I have been given the opportunity to ask questions, and all my questions have been answered.

Student Signature: _____ Date: _____

Parent/Guardian (if under 18): _____ Date: _____