



Panthers Center of Excellence Athletic Performance Weight Room

Weight Room Assumption of Risk Form for Athletes

In order to be permitted to use the Panthers Center of Excellence weight room and athletic facilities, I hereby affirm and agree to the following:

1. I am over the age of 18 years, or if not, I have parental consent as evidenced by the signatures below.
2. To the best of my knowledge and belief I am in satisfactory physical condition to engage in a rigorous weight lifting program.
3. I realize that there are significant physical dangers and hazards to me in my use of this facility and equipment, and to actions of other participants and my proximity to them in these areas. It may involve considerable risk on my part, including the possibility of broken bones, spinal injury, nerve damage, serious muscle injury, concussion, or even death.
4. Therefore, in consideration of being permitted to use the facilities and equipment and participate in activities in the Panthers Center of Excellence weight room and athletic facilities, I do hereby agree to assume all risks and responsibilities surrounding my participation there.
5. This Assumption of Risk must be signed upon all new and renewal guest periods to participate at the Panthers Center of Excellence weight room and athletic facilities.

Printed Name: _____ Date of Birth: _____

E-mail address: _____

Address: _____

Phone Number: _____

Parent/Guardian Signature (if under 18): _____

Emergency Contact: _____

Name

Relationship

Home #

Work #

Cell#

Panthers Center of Excellence Weight Room Rules

General

- No horseplay
- Office is for weight room staff only
- Report all injuries, broken equipment or otherwise abnormal situations to a weight room supervisor immediately
- No personal training allowed unless with Certified Strength and Conditioning Specialist.
- No Headphones are allowed during training

Equipment

- Place weights in proper location during and once finished with exercise
- Wipe off benches when finished
- Do not modify equipment
- No external equipment allowed
- Use clips to secure bars at **ALL** times

Clothing

- Sandals, non-athletic apparel (jeans, khakis, polo's, dresses, etc.), hats, certain jewelry (naval piercings, bracelets, necklaces, etc.) are not allowed
- Appropriate shirts, shorts, shoes, spandex are necessary to use the facility

PID Personnel

- Only Panthers Ice Den athletes and Florida Panthers Ice Den coaching staff are allowed to use the facility during all open hours (priority in that order)
- Other Panthers staff may use the facility with prior approval or by appointment.
- Use of facilities outside of scheduled hours is prohibited unless scheduled with the Head of Athletic Performance.

Non-Panthers Ice Den Personnel

- Non-Panthers Ice Den personnel are allowed to use the facility when scheduled for a class or with prior approval from the Head of Athletic Performance.

I, _____ understand and will abide by the above stated rules

Print Name

and regulations at all times while in the Panther Center of Excellence weight room and athletic facilities.

Signature: _____ Date: _____

Photo Release Form for Minors (if under 18)

The Panthers Center of Excellence Athletic weight room has my permission to use my or my child's photograph publically to promote the Panthers Center of Excellence Athletic Performance Weight Room. I understand that the images may be used in print publications, online publications, presentations, websites, and social media. I also understand that no royalty, fee or other compensation shall become payable to me by reason of such use.

Parent/Guardian's signature: _____ Date _____

Parent/Guardian's Name: _____

Child's Name: _____

Phone Number: _____

Photo Release Form for Adults

The Panthers Center of Excellence Athletic weight room has my permission to use my photograph publically to promote the Panthers Center of Excellence. I understand that the images may be used in print publications, online publications, presentations, websites, and social media. I also understand that no royalty, fee or other compensation shall become payable to me by reason of such use.

Signature: _____ Date _____

Name: _____

Phone Number: _____