VISTAMAR OFF CAMPUS FITNESS ACTIVITY FORM

Vistamar School supports physical fitness and therefore encourages our students to maintain an active lifestyle. In accordance with this philosophy, Vistamar allows students the opportunity to enroll in an off-campus fitness activity. However, the activities must be approved and monitored by the Athletic Director. The following criteria must be met, before a student will receive fitness credit for each trimester:

- The activity must meet a minimum of 6 hours per week.
- A parent must sign the log prior to turning it into the Athletic Director at the end of each trimester.
- All fitness students must maintain a log of the dates and times they participated in the activity.
- This form must be completely filled out and returned no later than 5 days after the trimester begins.
- Failure to meet these requirements may result in the student receiving a NO CREDIT for the trimester.

Student Name____________________________________ Date________________________

Activity________________________________________ Location________________________

Days Per Week_________ Times__________________________________________________

Instructor or Coach’s Name____________________________________________________

E-Mail or Phone for Instructor/Coach ____________________________________________

Briefly Describe the Activity____________________________________________________

Permission to Participate and Release of Liability

I/we, the undersigned parent(s)/guardian(s) of the named Student give permission for the Student to participate in the Off Campus Fitness Activity described above. I/we have informed myself/ourselves of the known potential risks and degree of supervision. I/we understand that Vistamar School will not supervise the Student with respect to the Activity, is not responsible for the Student's safety or actions with regard to the Activity, and is not responsible for the Student's transportation to or from the Activity. Student agrees to participate in the Activity according to the terms described above. Parent(s) and Student understand failure to participate as agreed will result in the student receiving a NO CREDIT for the trimester. Parent(s) acknowledge, agree, and represent that I/we understand the nature of the activity above and that the Student is qualified, in good health, and in proper physical condition to participate in the Activity. By signing below I/we fully accept and assume all risks and responsibility for injuries incurred as a result of Student's participation in the activity. I/we will indemnify, save, and hold harmless Vistamar School and its agents from any losses, costs and damages that might occur as a result of this Off Campus Fitness Activity.

Student Signature __________________________________________________________________

Parent Signature __________________________________________________________________

Approval to Participate:

Coach/Instructor Signature

Athletic Director Signature ________________________________________________________