

Name: _____

(Please print)

Date : _____

Male: _____

Female: _____

DOB: _____

Barry University Fitness Center Policy

*****Please read and fill out all pages completely*****

In an attempt to secure the safety and well-being of its participants, the Office of Campus Recreation and Wellness (CRW) is issuing a liability form that must be filled out by any participant wishing to utilize the fitness center and its services. This will allow CRW to maintain an accurate account of its constituents.

OFFICE OF CAMPUS RECREATION & WELLNESS RELEASE AND LIABILITY WAIVER

Initial

_____ In consideration of activities performed in the **Fitness Center**, _____

(Please print)

Intending to be legally bound, do hereby, for myself, my family, my heirs, executors, and administrators, waive, release, hold harmless and forever discharge any and all rights any and all rights and claims for damages which I may have or which may hereafter accrue to me against Barry University or its respective officers, employees, agents, representatives, successors, and or assign (hereinafter referred to as releasees) for any and all claims and liability damage, injury, debt, or property damage arising out of any cause whatsoever in connection with my participation in **Fitness & Wellness Activities** such as muscle strains, cramps, sprains, pulls, cuts, bruises, heat illness, DOMS (Delayed Onset Muscle Soreness), dehydration, or death due to cardiovascular complication as a result of physical over-exertion, (which in and of themselves do not constitute an exhaustive list).

_____ I understand that it is my responsibility to inspect all equipment which may be provided by the University to ascertain it useable condition.

_____ I hereby certify that I am in good health and am fit for participation in and have attached a medical form in support of my certification for any and all medical conditions under the care of a physician.

_____ I hereby covenant to help releasees harmless and indemnify releasees for any claim, judgment, or expenses releases may incur arising out of my activities in **Fitness & Wellness Activities**.

_____ I hereby personally assume all risk for harm, personal injury, property damage, or wrongful death that may result from my participation in **Fitness & Wellness Activities**. I further state that I am of legal age and am legally competent to sign this affirmation and release, or that I have acquired the written consent of my parents or guardians; that I understand the terms herein are contractual and are not a mere recital; and that I have signed this document of my own free act.

I UNDERSTAND AND HAVE FULLY INFORMED MYSELF OF THE CONTENTS OF THIS AFFIRMATION AND RELEASE BY READING IT BEFORE I SIGNED IT.

Signature of Participant: _____ Date: _____

Signature of Witness: _____ Date: _____