

ASSUMPTION OF RISK AND RELEASE OF LIABILITY
for use of the Fitness Facilities at The Catholic University of America

Name _____

Student ID (if applicable) _____ Phone Number _____

I, _____, will be voluntarily using the fitness facilities, equipment, and machinery at The Catholic University of America (hereinafter "Facilities"). In consideration for use of the Facilities, I agree to the following:

ASSUMPTION OF RISK: I understand that there are significant risks associated with the use of the Facilities. I am aware that risks include, but are not limited to, suffering minor, serious, and catastrophic physical and emotional injuries. I also understand that even if proper techniques are used and rules are observed, the possibility of an injury still exists. I further am aware that I may be unsupervised while using the Facilities and their use involves hazards that are unknown and/or unseen.

I understand that there are risks of injury involved in using the Facilities and I voluntarily assume such risk. (Please initial: ____)

RELEASE OF LIABILITY: I knowingly release, waive, defend and forever discharge the University, its agents, employees, officers, and trustees from any and all claims or liability for injury or damages (including loss or damage to property) arising from or attributable to my use of the Facilities, unless it is due to willful fault or gross negligence on the part of the University. (Please initial: ____)

MEDICAL WARNING AND CONSENT: I understand that the University recommends that I consult a physician before engaging in physical activity, and, if my physical health is questionable, that I obtain a medical clearance from a physician. I also understand that the University requires me to maintain a health insurance policy as a condition of enrollment. Further, I understand that I am responsible for my own medical expenses, including deductibles or co-pays.

I consent to emergency medical treatment if it is determined to be necessary by the University, in its sole discretion. And in the event of a medical emergency, I also consent to the University contacting my emergency contact. (Please initial: ____)

I have read and understood the above provisions and agree to be bound by them.

Signature _____

Signature of Parent of Guardian _____
(if under 18 years of age)

Date _____