



The University of Georgia
Griffin Campus

**The University of Georgia
Griffin Campus Office of Student Affairs
Fitness Center and Wellness Programs Waiver**

RELEASE, WAIVER OF LIABILITY, AND COVENANT NOT TO SUE

(READ CAREFULLY BEFORE SIGNING)

I, _____, hereby acknowledge my awareness that my participation in the University of Georgia Griffin Campus Office of Student Affairs Fitness Center and Wellness Programs for the 2016-2017 Academic Year, may involve activities which include, but are not limited to, the following: stretching, weight-lifting, running, jumping, kicking, boxing, kick-boxing, yoga, indoor cycling, dancing, step aerobics, martial arts, strength training and boot-camp training. It may also involve training activities which use various types of strength and conditioning equipment which include, but are not limited to, the following: inflatable exercise ball, medicine ball, stationary exercise bicycle, hand weights, free weights, weight machines, a step, resistance bands, jump rope and/or other strength and conditioning equipment.

I also understand that my participation in the aforementioned activities may expose me to risks of property damage and bodily or personal injury, including injury that may be fatal, and any one or more of the following: injury from tripping and falls; foreseen and unforeseen inclement weather; cuts; abrasions and puncture wounds, broken bones; muscle strains and sprains; concussions; loss of consciousness; and heart attack. In addition, I understand that I may be exposed to other risk which may not be foreseeable. I have been informed and understand that there are inherent risks and dangers involved in this activity. I knowingly and freely assume any and all such risks and voluntarily participate in this activity. I understand that it is my responsibility, as the participant, to engage only in those activities for which I have the prerequisite skills, qualifications, preparation and training.

I acknowledge that at all times I must follow the instructions of the activity leader if one is provided, and safety recommendations and regulations posted in signage and publications located in the Fitness Center. Participants may use the Fitness Center when no attendant is present and they assume the associated risk. In addition, I understand that none of the following entities provides insurance coverage for my participation in the University of Georgia Griffin Campus Office of Student Affairs Fitness and Wellness Programs for the **2015-2016 Academic Year** and that it is strongly recommended that I obtain my own accident and health insurance prior to participating: The University of Georgia, the Board of Regents of the University System of Georgia, the Department of Student Affairs for Extended Campuses, the Griffin Campus Office of Student Affairs, and any participating agency.

(Turn Over – More Information & Signature on Back)

In exchange for the use of equipment, materials, supplies and for being allowed to participate in this program, I hereby release and forever discharge the University of Georgia, the Board of Regents of the University System of Georgia, and all sponsoring agencies and their members individually and their officers, agents and employees from any and all claims, demands, rights, expenses, actions, and causes of action, of whatever kind, arising from or by reason of any personal injury, bodily injury, property damage, or the consequences thereof, whether foreseeable or not, resulting from or in any way connected with my participation in this activity.

I further covenant and agree that for the consideration stated above, I will hold forever harmless and will not take legal action against the University of Georgia, the Board of Regents of the University System of Georgia, its members individually, and their officers, agents, and employees for any claim for damages arising or growing out of my participation in this activity whether caused by negligence or otherwise.

I certify that I am at least 18 years of age. This consent is given freely and voluntarily by the undersigned without coercion, duress, threat or promise of any kind. I certify that I understand and have read the information on the first page and the information above carefully before signing. I understand that I am not subject to any adverse action if I do not sign.

SIGNATURE OF PARTICIPANT

DATE

PRINTED NAME