



## **Acknowledgement of Responsibility for Patrons Under 18 Years of Age**

*Patrons under the age of 16 are not allowed to use the fitness equipment.*

I understand and acknowledge that my participation in activities and use of Fitness Center involves certain risks of injury, infections and aggravation of medical conditions or disease. Among other risks I understand the following to be present in any physical activity and exertion conducted at the Fitness Center and the use of facilities:

- 1. There is a risk of injury, heart attack or even death as a result of exercise or other physical activity or exertion.**
- 2. Use of common areas carries with it certain health risks, including risk of infection.**
- 3. I understand that the Fitness Center is staffed by students who are not certified exercise physiologists or trained professionals.**

I agree that I represent myself as physically able to undertake any and all physical activity.

I agree to abide by the rules and policies of Regis University Wellness and Recreation.

(Rules and policies can be found of the Wellness and Recreation website.)

I agree not to leave articles overnight in the Fitness Center or locker rooms. Regis University and its employees shall not be responsible for any lost or stolen items.

I agree to abide by the Fitness Center's dress code policy. In short, the policy states that patrons must wear a top, bottom, and non-marking athletic shoes at all times.

(More details on the dress code can be found of the Wellness and Recreation website.)

In consideration of the University's allowance of my use of the facility, I hereby assume all risks associated therewith. I, for myself, my heirs, executors, administrators, and assigns, hereby waive and release any and all rights, actions, claims, demands, liabilities or damages which I may accrue against the University or any of its officers, employees, or agents for any injuries, damages, costs or expenses sustained or received as a result of or in connection with my use of the facility including those arising from the negligence of the University, its officers, employees, or agents.

**I have read and understand this agreement.**

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

Age: \_\_\_\_\_

Student I.D. No. (if applicable) \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_