

GARDINER POINT FITNESS CENTER

Release and Waiver of Liability Form

HEALTH STATEMENT: In requesting permission to access or use the equipment of the Gardiner Point Fitness Center facility, I affirm that my general health is good and that I am not adversely affected by the exercise I will undertake. I further affirm that I am able to perform exercise of a vigorous nature. I am not currently under the care of a physician who should be advised of my desire to participate in this physical activity. ***If I am under the care of a physician, I affirmatively state that I have received his/her permission to participate in vigorous exercise at the Gardiner Point Residence Hall Fitness Center.***

AGREEMENT TO FOLLOW RULES AND POLICIES: I agree to follow all rules and policies of the Gardiner Point Fitness Center facility and to abide by any reasonable requests concerning use of the facility directed to me by the staff of Gardiner Point Residence Hall. I agree to operate and use the equipment only in the manner in which it was designed and intended to be used. I understand that my failure to abide by and to follow instructions or requests may result in the termination of my privileges of using the facility. I further understand that Gardiner Point Fitness Center facility has the right to terminate or alter my privileges at the facilities at its complete and unilateral discretion.

RELEASE AND WAIVER: In consideration of my access to the Gardiner Point Fitness Center facility I hereby accept all risks to my health and of my injury or death that may result from such participation and I hereby waive and release all claims against Sullivan University System, Inc., its management, employees, agents, instructors and representatives from any liability to me, my personal representatives, estate, heirs, next of kin and assigns for any and all claims and causes of action for loss of or damage to my property and for any and all illness or injury to my person, including my death, that may result from or occur during my use of the facilities, whether caused by negligence of the University, employees, or representatives or otherwise. I agree to release and hold harmless Sullivan University System and its employees from any and all liability whatsoever which may result from my use of the facility or equipment. **I have carefully read this agreement and understand it to be a release and waiver of all claims and causes of action for my injury or death or damage to my property that occurs while using the Gardiner Point Fitness facility and it obligates me to indemnify the parties named for any liability for injury or death of any person and damage to property caused by my negligence or intentional act or omission.**

I, (print full name) _____

Social Security Number: _____

have read the above and agree to all language without dissent or objection.

Signed

Date