



## WELLNESS & ATHLETICS CENTER Guest Waiver & Release Form

For and in consideration of being permitted to use Hendrix College's Wellness and Athletics Center I, the undersigned, assume all risks in any way connected with or related to physical exercise and hereby waive any and all claims which I may have arising out of theft or destruction of, or damage to personal property, personal injury, or death and release Hendrix College, its agents, servants, and employees harmless from any liability whatsoever relating to my use of the Hendrix College facilities, including reasonable attorney's fees. For any membership which includes privileges for family use of these facilities, all the representatives of this Waiver and Release apply with equal force to all members of the family follow them.

I, the undersigned (guest, parent, or member 18 years and older,) acknowledge the existence of risks in connection with exercise activities, assume risks, and agree to accept the responsibility for any injuries sustained by myself or above-mentioned guest in the use of these facilities and/or its equipment. More specifically, I acknowledge and accept responsibility for injuries resulting from those activities, which involves risks in one or more of the following areas:

1. Possible injuries or medical disorders due to the participant's use of the equipment and facilities, such as heart attack, stroke, heart stress, or other injuries which result from individual or group exercise activities such as sprains, broken bones, torn muscles, torn ligaments, etc.
2. Participation in the unsupervised activities which are made available at the WAC cardio and strength room, Movement Studio, Aquatic Center, Indoor and Outdoor Track, Turf Field, Tennis Center, Gymnasiums or in other individual or group exercise classes.
3. Accidents which occur within the facilities provided by the WAC, such as locker rooms, dressing rooms, shower rooms and classrooms.

Having read the preceding, I acknowledge and understand those risks and set forth herein and knowingly agree to accept full responsibility for my/my child's/my guest's exposures to such risks.

In addition, I have completely read the WAC Rules and Regulations. I have been given an opportunity to ask questions and feel that I understand what is expected of me as a WAC member. I also acknowledge that failure to comply with these policies may result in loss of WAC privileges.

**Guest Name:** \_\_\_\_\_

**DL#/or ID photo #:** \_\_\_\_\_

**Guest Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Parent or Guardian:** \_\_\_\_\_

**Date:** \_\_\_\_\_

(if guest is under 18)

**Staff Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Emergency Contact Name:** \_\_\_\_\_

**Emergency Contact #:** \_\_\_\_\_