

**Greensboro College**  
**Royce Reynolds Family Student Life Center**  
Fitness Center Waiver for Minor Participants

**Participant Name:** \_\_\_\_\_ **Age:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Emergency Contact:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

I, \_\_\_\_\_, desire for my child to voluntarily participate in informal fitness and recreation activities at Greensboro College. With my signature below, I signify my acceptance of the rules and policies of the Royce Reynolds Family Student Life Center.

I also realize that if the participant has physical problems such as a heart condition, hypertension, orthopedic problems, or other medical problems, that I will consult a licensed physician concerning limits to activity.

I realize, as a participant in informal fitness and recreation activities, my child could possibly incur injuries no matter how well conditioned he/she may be. Due to the nature of the activity, injuries may be minor to fatal in nature. I hereby affirm that he/she is voluntarily participating in any of all activities with full knowledge of the potential danger which they present, including bodily injury, property damage, and death, and I hereby agree to accept any and all risks of such bodily injury, property damage, and death.

I agree to release and hold harmless, Greensboro College and all persons acting as the College's officers, employees, or agents, from tort liability for bodily injury, property damage, and death consequent to claims of negligence arising from my child's participation in informal fitness and recreational activities. I give this release and indemnification in exchange for the opportunity for him/her to participate in informal fitness and recreational activities.

I certify that I have read this agreement and that I may be giving up legal rights which I may otherwise have. I acknowledge that I am the participant's parent/legal guardian.

I hereby consent to first aid, emergency medical care, and, if necessary, admission to an accredited hospital when necessary for executing such care, for treatment of injuries that the participant may sustain while participating in any activity associated with Greensboro College's Informal Recreation Program.

I HAVE READ THIS AGREEMENT AND FULLY UNDERSTAND AND AGREE TO ITS TERMS. I AM AWARE THAT THIS AGREEMENT INCLUDES A RELEASE AND WAIVER OF LIABILITY, AN ASSUMPTION OF RISK, AND AN AGREEMENT TO INDEMNIFY RELEASES.

\_\_\_\_\_  
Signature of Parent of Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
(Printed Name of Parent Guardian)