

**Greensboro College**  
**Royce Reynolds Family Student Life Center**  
Fitness Center Waiver

**Full Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_  
(Please print)

**Driver License #** \_\_\_\_\_

**Address:** \_\_\_\_\_  
(Street) (City) (St.) (Zip)

**Emergency Contact:** \_\_\_\_\_ **phone:** \_\_\_\_\_

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

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

I realize as a participant in informal fitness and recreation activities I could possibly incur injuries no matter how well conditioned I may be. Due to the nature of the activity, injuries may be minor to fatal in nature. I hereby affirm that I am voluntarily participating in any or 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 participation in informal fitness and recreational activities. I give this release and indemnification in exchange for the opportunity for me 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 at least (18) years of age.

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 if injuries that I may sustain while participating in any activity associated with Greensboro College's Informal Recreation Program.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date