

Eastern Mennonite University
Waiver and Release of Liability Recreation and Fitness Services

In agreeing to participate in Recreation and fitness activities at Eastern Mennonite University, I agree as follows: I fully understand and acknowledge that recreational and fitness activities have (a) inherent risks, dangers, hazards and such exists in my use of any equipment and my precipitation in these activities. (b) My participation in such activities and/or use of such equipment may result in injury or illness including, but not limited to, bodily harm, disease, strains, fractures, partial and/or total paralysis, death or other ailments that could cause serious disability. (c) These risks and dangers may be caused by the negligence of the representatives, employees, or volunteers of Eastern Mennonite University, the negligence of the participants, the negligence of others, accidents, breaches of contract, or other causes. (d) By my participation in these activities and for use of equipment, I hereby assume all risks and dangers and all responsibility for any losses and/or damages whether caused in whole or in part by the negligence or the conduct of the representatives, employees, or volunteers of Eastern Mennonite University, or by any other person.

I, on behalf of myself, my personal representatives and my heirs, hereby voluntarily agree to release, waive, discharge, hold harmless, defend, and indemnify Eastern Mennonite University and its representatives, employees, and volunteers from any and all claims, actions or losses for bodily injury, property damage, wrongful death, loss of services or otherwise which may arise out of my use of any equipment or participation in these activities.

I HAVE READ THE ABOVE WAIVER AND RELEASE AND BY SIGNING IT I AGREE NOT TO HOLD EASTERN MENNONITE UNIVERSITY LIABLE FOR ANY PERSONAL INJURY, PROPERTY DAMAGE, OR WRONGFUL DEATH, CAUSED BY NEGLIGENCE OR ANY OTHER CAUSE.

SIGNATURE _____ DATE _____

PRINT NAME _____ DOB ____ / ____ / ____

PARENTS SIGNATURE IF **UNDER 18** _____ DATE _____

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