



Georgia Gwinnett

COLLEGE

Fitness Center

Assumption of the Risk, Waiver of Liability and Covenant Not To Sue

Personal Information

Name: _____ Date of Birth: _____

Address: _____ Phone: _____

City/State/Zip: _____ Email: _____

Emergency Contact Person: _____

Emergency Phone: _____ Relationship: _____

Liability Waiver:

I understand, the undersigned, being aware of my own health and physical condition, and having knowledge that my participation in any exercise program may be injurious to my health, I am voluntarily participating in physical activity with Georgia Gwinnett College.

Having Such knowledge, I hereby WAIVE, RELEASE and DISCHARGE Georgia Gwinnett College, their representatives, agents, and successors from liability from accidental injury, illness, or any resulting condition which I may incur as a result of participating in the said physical activity. By signing this agreement, with a full understanding of the potential risks, I hereby assume all risks of participating in these fitness and health programs. I AGREE NOT TO SUE the Board of Regents of the University System of Georgia and Georgia Gwinnett College, including their employees and agents, except for claims that arise out of gross negligence of Georgia Gwinnett College.

I agree to disclose all physical limitations, disabilities, ailments, or impairments which may affect my ability to participate in the Georgia Gwinnett College fitness program and its facilities. Further, I acknowledge that I have seen and understand the Georgia Gwinnett College fitness center orientation video, and agree to abide by the rules, regulations, and standard safety procedures.

I certify that I am 18 years of age or older. If not, my parent or guardian has also signed this release."

Signature: _____ Date: _____

Circle one: Student Staff Faculty Guest/Affiliate

Parent/Guardian Signature if under 18: _____ Date: _____

If guest, name of Fitness Center Member: _____