

## Health & Wellness Program Liability Waiver

*Completion of this waiver applies to all Health and Wellness Group Exercise classes, Fitness Programs, as well as Personal Training programs. (One waiver per member per calendar year)*

Initial each item, then print your name, date and sign this form. Please submit this form with payment. The form must be completed before participation in any/all Health & Wellness fitness programs.

\_\_\_\_ I understand that proper exercise clothing (e.g., fitness shorts, bike shorts, running tights, t-shirts, and jogging tops) is required for participation.

\_\_\_\_ I understand that a filled plastic water bottle is strongly encouraged for all classes. Water fountains are accessible.

\_\_\_\_ I understand that improper use of equipment or failure to properly clean equipment after use is not tolerated.

\_\_\_\_ I understand that my personal items should be placed in one of the lockers or storage spaces available to me, and that Wellness Center is not responsible for lost or stolen items.

\_\_\_\_ I give permission to CSU Wellness Center to use, without charge and without reservation, my likeness in any medium and for any lawful purpose, including promoting the institution, its programs and services. I waive any rights of action I may have and release CSU Wellness Center and its licensees from any and all claims I may have arising from use of my likeness, including any rights to sue for defamation or violation of my rights of privacy or publicity. Your answering no to this question will not bar your participation in the activity.

\_\_\_\_ I understand that no refunds will be offered for class registration.

\_\_\_\_ I hereby declare, assert, and affirm that my participation in CSU Wellness Center, Group Exercise Program is done having voluntarily and knowingly assumed all risks involved in this Special Program. The immediate physical risks and hazards associated with normal, vigorous physical activity include (but are not limited to) physical discomfort, fatigue, muscular soreness, falls, pulled or strained muscles, overuse injuries, heat stress, and the rare instance of abnormal responses of the cardio-respiratory system including heart arrhythmia, heart attack, stroke and sudden death.

\_\_\_\_ In consideration of acceptance of this contract allowing my participation in the above stated Special Program and intending to be legally bound thereby, I hereby for myself, my heirs, executors, administrators and assigns, WAIVE AND RELEASE any and all rights and claims for negligence, injuries, damages or losses that I may incur against all participating agencies involved in the above stated Special Program, specifically CSU Wellness Center, their respective employees, agents, representatives, successors and assigns for any and all activities connected with the above specified Special Program. If you are an employee of the University, I also understand that I do hereby WAIVE any and all rights or benefits under the State of Maryland Worker's Compensation laws for any injury incurred as a result of my participation in this program.

\_\_\_\_ I have read and fully understand the above statements.

\_\_\_\_\_  
Full Name (Print)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

