

**ROBERTS WESLEYAN COLLEGE
VOLLER ATHLETIC CENTER**

AQUAFIT PROGRAM

NAME: _____ **Is official RWC receipt needed: Yes No**

ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP CODE:** _____

PHONE (HOME): _____ **(WORK):** _____

In case class is cancelled

E-MAIL: _____

In case of emergency, contact: _____ Instructors name _____

Name: _____

Relationship: _____

Phone: _____

Personal Physician: _____ **Phone:** _____

Hospital of choice: _____

Health Insurance Carrier: _____

Any medications, disabilities, limitations, or illnesses of which we should be aware:

SIGNATURE: _____ **DATE:** _____

ROBERTS WESLEYAN COLLEGE VOLLER ATHLETIC CENTER
PROGRAM WAIVER STATEMENT

(For those who are not currently students at the V.A.C.)

I*, desire to voluntarily participate in the fitness and recreational activities at the Voller Athletic Center at Roberts Wesleyan College.

I know that any form of physical activity has inherent risk for illness or injury, ranging from minor debilitating injuries to actual life-threatening events. I am responsible for understanding my own physical limitations and operating within them at all times. I Know I should not enter into any form of physical activity unless I am medically able. I do swear that, to the best of my knowledge, I do not have any physical limitation that would put me at risk while participating in the activities at the Voller Athletic Center. In the event that I develop physical problems or limitations, I agree to seek medical clearance from my personal physician before continuing any fitness or recreational activity at the Voller Athletic Center. I agree to abide by the principles stated above relative to my ability to safely participate in the recreational fitness activities at the Voller Athletic Center at Roberts Wesleyan College.

I know that it is my responsibility to use facilities and equipment only in the manner for which they are designed and that any misuse may cause injury to me and/or others. I also understand that I am liable for cost of replacement or repair to equipment or facilities that have been damaged due to my misuse.

I assume all risks associated with any activity I pursue while on the premises of Roberts Wesleyan College including, but not limited to, falls, contact with other participants or objects, effects of heat and humidity, and damage to equipment or facilities, all such risks being known and appreciated by me. Having read this waiver and knowing these facts, I, for myself and anyone entitled to act on my behalf, waive and release Roberts Wesleyan College and their successors and representatives from all claims of liabilities of any kind arising out of my participation in the Voller Athletic Center activities.

I understand that college-related events, e.g. classes, athletic practices and competitions, conferences, etc., will be regularly scheduled and that during those times my use of some or all of the facility will be limited.

Date: ___/___/___ Signature of ENROLLEE ((PARENT/GUARDIAN sign if under age 18) :

Print Name

Signature