Roberts Wesleyan College

Assumption of Risk

Voluntary use of Campus Recreational Facilities

1. I understand and acknowledge that there are dangers and risks of personal injury inherent in the activities in which I choose to participate in, including but not limited to injuries which may occur: i) because of my own actions; or ii) because of contact with other participants, or because of the actions of other participants; or iii) because of the use of equipment or facilities required for the activity (such as playing fields, gymnasiums, swimming pools, and the equipment used in those facilities, etc.).
2. I understand and acknowledge that injuries may occur because of the nature of my activity and the use of equipment. I know that it is my responsibility to use the 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.
3. I understand and acknowledge that such injuries may include (but are not limited to) the risk of strained muscles or ligaments, breaks in bones, head injuries, communicable diseases, infection, disability (either temporary or permanent), disfigurement or even more serious though rare conditions such as paralysis (either partial or more extensive) and even death.
4. I understand that I am responsible for understanding my own physical limitations and operating within them at all times. I understand I should not begin or continue any form of physical activity unless I am medically able and that I will seek medical counsel immediately in the event that I develop physical problems.
5. 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 facilities will be limited.
6. I understand that the use of any of Roberts Wesleyan College's facilities I do so at my own risk and in no way will be considered Workers Compensation if I should be injured.

Therefore, I _____voluntarily and knowingly assume of the
Print Name

risks described above, and fully accept all responsibility and obligation for any costs, expenses, losses or damages suffered because of my assumption of such risks.

Signature:_____

Date_____

VAC USE ONLY (Service Desk complete below):

Locker: Men's:_____ / Women's:_____

$15.00 per year

Total Payment:_____