

University of Rochester Medical Center
Fitness & Wellness Center
Non-Member Usage Agreement

Office use only
Purpose _____
Team _____
Paid _____
Date _____

In consideration of being granted admittance in the University of Rochester Medical Center Fitness & Wellness Center (“Center”), I hereby:

1. Agree to make myself familiar and comply with all the rules and regulations of the Center, and to make myself aware of any changes. I understand that the Center has the right to terminate my admittance if I fail to comply, or if I fail to follow the instructions of Center personnel.
2. Understand that I will be engaging in activities that involve the risk of serious injury, including permanent disability and death, which might result not only from my own action or inaction, but also from the action or inaction of others, the rules of play, or the condition of premises or equipment. I acknowledge that there may be other risks not known to me or foreseeable.
3. Grant permission, in the event of an injury, to have a doctor, nurse, athletic staff, or medical emergency personnel provide me with emergency medical treatment and agree that I will bear any costs associated with such treatment.
4. Release, waive, discharge, and covenant not to sue the University of Rochester, its employees, instructors, trainers, or agents for any and all claims, demands, losses, or damages on account of injury, including permanent disability and death, or damage to property caused or alleged to be caused in whole or in part by the negligence of the releasers or otherwise.

I HAVE READ THE ABOVE AGREEMENT, INCLUDING THE WAIVER AND RELEASE, AND UNDERSTAND THAT I GIVE UP SUBSTANTIAL RIGHTS BY SIGNING BELOW AND AFFIRM THAT I **DO SO** VOLUNTARILY.

Print name

Signature

Date

Your E-mail Address

Your Daytime Phone

Emergency Contact Name

Emergency Contact Phone

Notification Option

Many of our participants appreciate being notified of upcoming similar activities.

If you do NOT wish to be notified, please check here: