

Golf League

Name _____

Phone _____

E-mail _____



Deposit (\$45) _____

Registration Paid _____

Partner

Preferred Night

**University of Rochester Medical Center
Fitness & Wellness Center
Non-Member Program Participation Agreement**

In consideration of participating in a program sponsored by 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 program I am participating in, and to make myself aware of any changes as they occur. I understand that the Center has the right to terminate my participation if I fail to comply.
2. Understand that I will be engaging in a program and/or 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, Genesee Valley golf 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.

Signature

Print name

Date