

University of Rochester
Fitness Center
Program Participation Agreement
Soccer League at Genesee Valley

In consideration of being granted admittance to the soccer league sponsored by the University of Rochester Medical Center Fitness Center (“Center”), I hereby:

1. Agree to make myself familiar and comply with all rules and regulations of the City of Rochester (field) and the Fitness Center (league), and to make myself aware of any changes. I understand that the Center has the right to terminate my participation if I fail to comply, or if I fail to follow the instructions of the City of Rochester or Center personnel. I understand that in the event of such termination, fees will not be refunded.
2. Agree that prior to participating, I will inspect equipment and premises for dangerous conditions. I further agree that I will not participate in any activity or use equipment that I believe to be beyond my capabilities, and that I will report any dangerous or unsafe equipment or premises of the City of Rochester fields to Center personnel and other participants.
3. 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.
4. Affirm that I am in good health and able to use the equipment provided and participate in the activities sponsored by the Center. I understand that it is my responsibility to consult with a physician prior to executing this release regarding any past or present illness or condition affecting my ability to participate in programs sponsored by the Center and to restrict my participation in accordance with my physician’s recommendations.
5. Understand that under no circumstances am I entitled to a refund of monies paid for this program.
6. Grant permission, in the event of an injury, to have a doctor, nurse or medical emergency personnel provide me with emergency medical treatment and agree that I will bear any costs associated with such treatment.
7. 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 _____

Legal Address _____

Signature _____

E-mail Address _____ Cell Phone _____

Emergency Contact Name _____ Emergency Phone _____



TALENT RELEASE

1. I give and grant to the University of Rochester, including its Medical Center Wellness Center and its affiliates, and their respective licensees, successors and assigns (“licensed parties”) the right to use, publish and copyright my name, picture, portrait, identity, and likeness in connection with a marketing campaign to promote Wellness Center membership and general physical fitness. This grant includes, without limitation, the right to edit, mix or duplicate and to re-use my image, name, voice or likeness as the licensed parties may elect now and in the future.
2. I agree that all photographs of me used and taken by the licensed parties and any statement attributed to me are owned by them and that they may register copyright in all material containing same. If I should receive any print, negative or copy thereof, I shall not authorize its use by anyone else.
3. I agree that no advertisement or other material need be submitted to me for any further approval and the licensed parties shall be without liability to me for any distortion or illusionary effect resulting from the publication of my picture, portrait or likeness.
4. I warrant and represent that this license does not in any way conflict with any existing commitment on my part. I have not heretofore authorized (which authority is still in effect), nor will I authorize the use of my name, picture, portrait, likeness or testimonial statement in connection with the advertising or promotion of any product or service competitive to or incompatible with the Wellness Center Marketing Campaign.
5. Nothing herein will constitute any obligation on the licensed parties to make any use of any of the rights set forth herein.
6. I further agree that the licensed parties will have the right to attribute to me statements contained in the University’s and its affiliates’ television and all other media advertising.

Term of Use: Unlimited usage in time & regional location including TV, Print, Internet and all advertising media.

Signature

Printed Name

Date _____