

Print Name _____



LOUISIANA STATE UNIVERSITY HEALTH SCIENCES CENTER
Wellness Center

Assumption of Risk and Release of Liability for Members and Guests

I, the undersigned, hereby expressly and affirmatively state that I wish to participate in _____.

I understand and am aware that strength, flexibility, and various activities and exercises, including the use of equipment is potentially hazardous. I also understand that fitness activities involve a risk of injury and even death. I hereby agree to expressly assume and accept any and all risks of injury or death that may result from my participation in this activity. I understand that I am responsible for my own safety, health, and welfare during this activity.

I acknowledge that it is my obligation to ensure my participation in or use of any of the LSUHSC Wellness Center activities, facilities, equipment, or machinery is consistent with any physical limitations I may have, and to consult with a physician to ensure that I am medically able to participate in these activities. I do hereby assume full responsibility for my participation and use of any of the LSUHSC Wellness Center activities, facilities, equipment, and machinery.

In consideration of being allowed to participate in the activities and programs of the LSUHSC Wellness Center, and to use its facilities, equipment, and machinery in addition to the payment of any fee or charge, I do hereby waive, release and forever discharge the State of Louisiana, Board of Supervisors of Louisiana State University and Agricultural and Mechanical College, Louisiana State University Health Sciences Center – New Orleans, and the LSUHSC Wellness Center, and their respective officers, employees, agents and all others from any and all liability, claims, demands, causes of action, injuries, damages, or losses resulting from my participation in any activities or my use of equipment or machinery in the LSUSHC Wellness Center or arising out of my participation in any activities at the LSUHSC Wellness Center.

I agree to abide by all policies and procedures set forth by the LSUHSC Wellness Center. I further affirm that I have had the opportunity to ask questions and any questions I have asked have been answered to my complete satisfaction. I understand and agree that this Assumption of Risk and Waiver of Liability will be held on file for the duration of my membership.

I understand and agree that if any part of this Assumption of Risk and Release of Liability is for any reason found to be invalid or unenforceable, the remaining provisions shall remain in full force and effect.

My signature indicates that I have read, understand, and agree that this is an **ASSUMPTION OF RISK AND A WAIVER OF ANY AND ALL CLAIMS OR CAUSES OF ACTION**, which I may have or might accrue as a result of my participation in or use of LSUHSC Wellness Center activities, facilities, equipment, or machinery.

Signature _____ Date _____

THE LSUHSC WELLNESS CENTER HAS A NO REFUND POLICY!

PLEASE READ THIS ENTIRE DOCUMENT CAREFULLY BEFORE SIGNING. THIS RELEASES THE LSUHSC Wellness Center FROM ANY LIABILITY RESULTING FROM MY PARTICIPATION IN THE ABOVE DESCRIBED LSUHSC WELLNESS CENTER SPONSORED PROGRAMS.

Participant _____ Date of Birth _____
Signature *MM/DD/YYYY*

Home Address _____
Street *City* *State* *Zip*

Phone Number _____ Email Address _____

Parent/Guardian _____ Date _____
Signature

In case of emergency, contact: _____

Relationship _____ Phone Number _____

(turn over)