

Missouri Western State University Baker Center

Guest Agreement and Release of Liability Form

GUESTS MUST PRESENT A PICTURE I.D. WITH YOUR DATE OF BIRTH EACH TIME YOU WORKOUT.

Please print legibly

Name: _____ Sex _____ Date of Birth _____ Age _____

Guest of: _____ who is a: MWSU Student MWSU Faculty/Staff

*(Circle one. Family members of MWSU Faculty/Staff **cannot** bring a guest.)*

In case of emergency, please call (name) _____ Phone _____

NOTE: If you are a male 45 or older or a female 55 or older you will need a Physician's Clearance turned in to the MWSU Baker Center PRIOR to your workout.

In consideration of being allowed to use the facilities and equipment at the Missouri Western State University Baker Center, I do hereby waive, release, and forever discharge Missouri Western State University and all of its employees and representatives from any and all responsibilities or liability for injuries or damages resulting from my participation or my use of equipment at the aforementioned facility. I do hereby release all of those mentioned and any others acting on their behalf from any responsibility or liability for any injury or damage to myself, including those caused by the negligent act or omission of any of those mentioned or others acting on their behalf or in any way arising out of or connected with my use of this facility. **Please initial here:**

I understand and am aware that strength, flexibility, and aerobic exercise, including use of the equipment, is a potentially hazardous activity. I also understand that the fitness activities involve a risk of injury and even death and that I am voluntarily participating in these activities and using equipment and machinery with the knowledge of the dangers involved. I hereby agree to expressly assume and accept any and all risks of injury or death. **Please initial here:**

I do hereby further declare myself to be physically sound and suffering from no condition, impairment, disease, infirmity, or other illness that would prevent my participation in the use of any of the equipment in this facility. I do hereby acknowledge that I have been informed of the need of a physician's approval for my participation in exercise or in the use of exercise equipment and machinery. I acknowledge that I must have a physician's clearance prior to exercise if I am at one of the ages specified above. I acknowledge that I assume all responsibility for my participation, activities and utilization of equipment and machinery if I do not fall under the age requirements for a physician's clearance. **Please initial here:**

Signed

Date

If under 18, signature of parent or guardian

Date