Address:

Release, Acknowledgment of Risk, and Waiver of Liability for use of the Boston University Fitness and Recreation Center MUST BE COMPLETED BY ALL PARTICIPANTS (Or by parent/legal guardian if participant is under 18 years of age)

In consideration of the opportunity to participate in classes, activities, and programs conducted by RENTER/EVENT NAME ("the Program"), in the Boston University Fitness and Recreation Center and/or other University athletic facilities, and to use equipment located therein,

,		
☐ I,, an ADULT, on behalf of myself and anyone cla (name of participant adult)		
☐ I,, the PARENT or LEGAL GUARDIAN of the ch (name of parent/guardian)	nild/children identified	
hereunder in the signature block, each a MINOR, on behalf of myself, my child/children, do hereby forever release, hold harmless, agree not to sue, "University") and its departments, officers, directors, board members, repidemands, causes of action, judgment, damages, expenses and costs (including negligence on account of personal injury, bodily injury, property damage, child that arises out of my or my child's use of, presence in, or participatic Center and other University athletic facilities, whether or not caused by the hereafter have and which the above-named minor has or hereafter may account the signature of the signatur	and forever discharge Trustees of Boston University resentatives, agents, and employees from any and all ding attorneys' fees), including but not limited to claid death or accident of any kind sustained by me and/on in activities conducted at the Fitness and Recreations or ordinary negligence of the University, which I may	(the claims, ims of r my
I understand, recognize, and acknowledge that certain activities conducted other University athletic facilities are potentially hazardous and may involunjuries, and property damage. It is my responsibility to ask questions about explained to my satisfaction. I hereby voluntarily assume any and all risks participation and/or my child's participation in the Program. I further under University, sports and fitness activities involve a risk of injury and/or deaf using equipment and machinery with knowledge of the dangers involved.	lve the risk of accident, death, illness, physical or me ut any aspect of the Program activities that has not be s, including injury to person and property, related to re- erstand that, notwithstanding precautions taken by the	ental een my e
In signing this Release, Acknowledgment of Risk, and Waiver of Liability document, that I understand its terms, that I have signed it knowingly and applicable, my child/children and anyone claiming on behalf or me or my	voluntarily, and that I intend it to bind me and, as	
I understand that I must abide by and follow all rules and policies outlined https://www.bu.edu/fitrec/about/forms-policies/	l in the Membership Handbook.	
Event Date:		
Event Organizer:	<u>-</u>	
Event Title:		
(If participant is OVER 18 years of age) Print Legal Name:		
Signature:	Date:	
(If participant is under 18 years of age) Print Your Child's/Children's Legal Name(s):		
Print Parent's/Legal Guardian's Name:		
Signature of Parent/Legal Guardian:	Date:	

Phone: