



AGREEMENT & RELEASE OF LIABILITY

In consideration of being permitted to use the recreation facilities and participate in the activities and programs of the University of North Carolina at Chapel Hill Department of Exercise and Sport Science, and in consideration of the voluntary nature of such participation and use, I hereby release, hold harmless, and forever discharge the University of North Carolina at Chapel Hill, its employees and agents, from any and all liability, claims, demands, actions, and causes of actions whatsoever arising out of or related to any loss, property damage, or personal injury, including death, that may be sustained by me or to any property belonging to me, while participating in such activity.

I, the undersigned, hereby give permission for the staff of the University to seek emergency medical attention to be given for me to receive medical attention in the event of accident, injury, or illness. I will be responsible for any and all costs of such medical attention and treatment.

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

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 or use of equipment or machinery except as hereinafter stated. I acknowledge that I have either had a physical examination and been given my physician's permission to participate, or that I have decided to participate in activity and use of equipment and machinery without the approval of my physician and do hereby assume all responsibility for my participation and activities, and utilization of equipment and machinery in my activities.

I am fully aware of the risks and hazards associated with participation in physical activity. I hereby elect voluntarily to participate in said activity and fully acknowledge that the activity may be hazardous to me and my property. I agree to comply fully with the rules/regulations and directions provided by the staff at any of the EXSS/Campus Recreation facilities. Further, I understand that I will be disqualified from the activity in the event that I fail to comply with said rules.

This release and hold harmless agreement is binding on myself, my heirs, my assigns, and personal representatives.

STATEMENT OF ACCEPTANCE: I understand and accept the terms of this waiver.

Participant's Name (*printed*): _____

Signature Date

Parent/Guardian Name (*printed*): _____

Signature Date

NOTE: Parent/Guardian signature required if participant is less than 18 years old.