West Hall Fitness Center at The George Washington University Mount Vernon Campus

**WARNING:** Since participation in the activity at The George Washington University is voluntary, neither The George Washington University nor the Mount Vernon Events & Special Services/West Hall Fitness Center accepts responsibility for injuries incurred while participating in any activities. Participants should be aware that participation in the activity involves the risk of serious injury. The Mount Vernon Events & Special Services office strongly recommends that individuals not currently covered by a health insurance policy obtain coverage prior to participating in any event. It is also recommended that you obtain a medical release from you family physician if your present health is questionable. All participants are responsible for their own medical expenses.

**RELEASE:** In consideration of my acceptance into the West Hall Fitness Center of The George Washington University, I, the undersigned, hereby for myself, my heirs, executors and administrators waive, release and forever discharge any and all rights and claims for damages which I may have or may hereafter accrue to me against The George Washington University, its trustees, officers, employees, faculty, students and its agents for any and all injuries suffered by me through my participation in said program. Further, I hereby indemnify, defend and save harmless The George Washington University, its trustees, officers, employees, faculty, students and its agents from any liability, damage, expense, causes of action, suits, claims or judgements arising from injury to person, including death, personal property including but not limited to theft, or otherwise which arises out of the act, failure to act, or negligence in connection with the participation in the activities which are the subject of this release.

I have read the above Warning and Release and understand the contents. I understand that there are risks of injury involved in participating in any event and I voluntarily assume such risk.

Participant Name (Please Print)

Signature of Participant

(Parent or Guardian if under the age of 18)

Date