

ADULT GUEST FORM
MEYER WELLNESS AND SPORTS CENTER

DATE: _____

NAME (print) _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

DATE OF BIRTH: ____________ ____ MALE ____ FEMALE

HOME PHONE: ____ _____ WORK PHONE ____ _____

EMAIL: _____

EMERGENCY CONTACT: _____ PHONE _____

ASSUMPTION OF RISK AGREEMENT

In consideration of the above information and in consideration of the privilege of participating in the Meyer Wellness and Sports Center activities, the undersigned participant acknowledges the existence of risks in connection with these activities, assumes such risks, and agrees to accept the responsibility for any injuries sustained in the course of the use of the facilities and/or equipment. In addition, participant releases Southwest Baptist University, its trustees, officers, faculty, staff, students and agents from any liability for claims arising out of the use of exercise equipment, gymnasium including running track and climbing wall, racquetball courts, swimming pool, supervised or unsupervised exercise or activities, incidents occurring in the locker and shower rooms of the center.

The participant recognizes that possible injuries which may arise out of participation in the center's activities include, but are not limited to, potentially fatal injuries such as heart attacks, stroke and heat stress, as well as other injuries such as back injuries, broken bones, torn ligaments, etc.. The participant releases Southwest Baptist University from liability for such injuries regardless of whether his or her damage or loss is caused by any negligent act or failure of the university or otherwise.

Southwest Baptist University reserves the right to restrict use of the Fitness, Racquetball, Gymnasium, Running Track, Climbing Wall, and Swimming Pool areas in instances where the member has a history of health problems that would render the member unable to participate in aspects of the center's programs and activities. All decisions concerning restricted use will be made by the university after consultation with the member's physician.

The participant acknowledges the existence of need for certain rules concerning the use of equipment and facilities. Participant agrees to abide by those rules and make every effort to assure the equipment and facilities are kept in safe and useable condition.

Having read the preceding the participant acknowledges an understanding of those risks set forward and knowingly agrees full responsibility for any exposure to such risks. I understand that this membership is non-refundable and non-transferable.

Date: ____/____/____ Participants Signature _____

Guest of WSC member: _____

Price: \$5.00 Method of Payment ____ Cash ____ Check

WSC Staff Signature: _____