

MINOR (Under 18) 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: ____/____/____ Parent/Legal Guardian Signature _____

*****PARENT/LEGAL GUARDIAN RELEASE FORM MUST BE SIGNED- SEE BACK**

Guest of WSC member: _____

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

WSC Staff Signature: _____

PARENT/LEGAL GUARDIAN RELEASE FOR MINOR
BY SIGNING THIS DOCUMENT, YOU ARE WAIVING CERTAIN
LEGAL RIGHTS, READ CAREFULLY BEFORE SIGNING

I hereby represent that I am the parent or legal guardian of _____,
“**PARTICIPANT**”,

who is under the age of 18. For and in consideration of Southwest Baptist University permitting PARTICIPANT to participate voluntarily in any activity or event, including but not limited to the following activities areas: gymnasium, climbing wall, running track, racquetball courts, swimming pool, fitness room, and aerobics room, and all other facilities and activities, I hereby assume all the risks associated with the Meyer Wellness and Sports Center and activities. I release Southwest Baptist University, its trustees, officers, faculty, staff, students, and agents from all claims, demands, suits, causes of action, or judgments which PARTICIPANT, or I ever had, now have, or may have in the future or which our heirs, executors, administrators, or assigns may have, or claim to have against Southwest Baptist University, its trustees, officers, faculty, staff, students, and agents arising out of or in any way connected with the Meyer Wellness and Sports Center or activities, for all personal injuries, known or unknown, property damages, or claims for wrongful death caused by **ACTS, OMISSIONS, OR NEGLIGENCE** of Southwest Baptist University, its trustees, officers, faculty, staff, students, or agents.

I agree to indemnify and hold harmless Southwest Baptist University, its trustees, officers, faculty, staff, students, or agents, from all claims, demands, suits, causes of action, or judgments which PARTICIPANT or I ever had, now have, or may have in the future or which our heirs, executors, administrators, or assigns may have, or claim to have against Southwest Baptist University, its trustees, officers, faculty, staff, students, or agents, arising out of or in any way connected with the Meyer Wellness and Sports Center or activities, for all personal injuries, know or unknown, property damages, or claims for wrongful death, caused by the **ACTS, OMISSIONS, OR NEGLIGENCE** of Southwest Baptist University, its trustees, officers, faculty, staff, students, or agents. I agree to pay all costs and attorney’s fees incurred if legal action is brought against Southwest Baptist University, its trustees, officers, faculty, staff, students, or agents.

I also agree to be responsible for any property damage or personal injuries that I or PARTICIPANT may cause by intentional or negligent acts while participating in activity at the Meyer Wellness and Sports Center.

I have read and executed this document with full knowledge of it legal significance.

SIGNATURE OF PARENT OR LEGAL GUARDIAN

DATE