

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

and/or other University athletic facilities, and	d to use equipment located therein,	regis officers in Triffess Center
□ I,	, an ADULT, on behalf of myself and an	yone claiming on behalf of me, or
(name of participant adult)	, an ADULT, on behalf of myself and an	
□ I,	, the PARENT or LEGAL GUARDIAN	of the minor identified
(name of parent/guardian)		
do hereby forever release, hold harmless, ag departments, officers, directors, trustees, rep judgment, damages, expenses and costs (incl personal injury, bodily injury, property dama or my child's use of, presence in, or participa	NOR, on behalf of myself, my child, and anyone claim ree not to sue, and forever discharge Regis University bresentatives, and employees from any and all claims, duding attorneys' fees), including but not limited to claage, death or accident of any kind sustained by me and ation in activities conducted at the Fitness Center and ence of the University, which I may now or hereafter efore or after reaching majority.	("University") and its demands, causes of action, aims of negligence on account of d/ormy child that arises out of my other University athletic facilities,
athletic facilities are potentially hazardous a property damage. It is my responsibility to a to my satisfaction. I hereby voluntarily assur and/or my child's participation in the Fitness	nat certain activities conducted or taking place in the F and may involve the risk of accident, death, illness, phy sk questions about any aspect of the Fitness Center ac me any and all risks, including injury to person and pracenter. I further understand that, notwithstanding pre- injury and/or death. I/we are voluntarily participating of the dangers involved.	visical or mental injuries, and etivities that has not been explained operty, related to my participation ecautions taken by the University,
	Risk, and Waiver of Liability, I hereby acknowledge the dit knowingly and voluntarily, and that I intend it lf or me or my child/children.	
I understand that I must abide by and follow	all rules and policies.	
(If participant is OVER 18 years of age)		
Print Legal Name:		
Signature:		
Date:		
Regis University ID:		
	*** ***** *** *** *** *** *** *** *** *** *** *** *** *** ***	******
(If participant is under 18 years of age)		
Print Minor's Legal Name(s):		-
Print Parent's/Legal Guardian's Name:		_
Signature of Parent/Legal Guardian:		Date: