



Finley Recreation Center

Name: _____ Sex: M F

Address: _____

Telephone: (home) _____ (work) _____

Date of Birth _____

- 18 and over facility only

Person to contact in the event of an emergency: _____

Telephone number: _____

Waiver and Release

In consideration of being allowed to participate in recreational activities, special classes, and / or fitness center activities at the Finley Recreation Center, University of New England, I hereby release the facility, its staff, and all employees from "all liability" whether caused by active or passive negligence, to the fullest extent of the law.

I recognize there is the possibility of certain unusual physical/health related changes during exercise. These include, but are not limited to, abnormal blood pressure, fainting, disorders of heartbeat, permanent disability, heart attack, and in very rare instances death may occur. I hereby acknowledge and accept these known and unknown risks.

To my knowledge, I do not have any limiting physical conditions or disabilities, which would preclude an exercise program or physical activity. I further understand that it is in my best interest to always check with my physician before beginning any type of physical activity.

I accept complete responsibility for my health and well-being in my voluntary exercise, recreation, or fitness program and understand that no responsibility is assumed by the leaders of the Finley Recreation Center or the University of New England. I further assume full responsibility for any guest that I sign in- under my membership.

Participant's Signature _____

Date _____