



Staff and Faculty Fitness Class Registration Form

Name: _____

E-mail: _____ Ext. _____

FITNESS & SPECIAL INTEREST WAIVER

I realize that participation in athletic and fitness endeavors entails the risk of personal injury. Such risks may include, but are not restricted to slips, falls, physical contact with other people, equipment or facilities, later accidents or abnormal climatic conditions.

I accept and assume all such risks, dangers and hazards and the possibility of personal injury, death, violence, property damage or loss, attendance and participation in activities provided by the Department of Athletics and Recreation. I accept my responsibility to abide by the laws of the country, to ensure that I have adequate medical coverage, protect personal possessions, and obey all the rules set out for athletic and recreation activities.

I accept full responsibility for my level of participation and use of equipment by exercising my judgment, based on my own experience and competence. In consideration of approval to participate in such activity, I and any personal representative, hold harmless, release and forever discharge Wilfrid Laurier University and Laurier Brantford Department of Student Affairs and Athletics & Recreation, their directors, officers, faculty, staff, students, volunteers, agents, trainees, or employees from any and all actions, causes of actions, claims, and demands for damages, loss or injury, resulting from or arising out of my participation in such activities.

I also indemnify and save harmless Wilfrid Laurier University and Laurier Brantford Department of Student Affairs and Athletics & Recreation from any and all actions, causes of actions, demands, expenses or losses whatsoever which they may bear as a result of my participation in such activities, by reason of damage to any and all property and any and all personal injuries, including death of others or myself.

I agree to abide by the rules as set forth by the Department of Student Affairs and Athletics & Recreation as posted throughout the facility.

Yes, I have read and agree to the waiver above.

Emergency Contact Name: _____

Emergency Contact Relationship: _____

Phone #: () _____ - _____ or () _____ - _____

Signature: _____ Date: _____

Office Use

Accepted By: _____ Date: _____