



# UNIVERSITY of ROCHESTER

Department of Athletics and Recreation  
Goergen Athletic Center

## Acknowledgement of Risk and Waiver of Liability for the River Campus Sports Complex

**Member Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City/Town:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

In consideration for my membership, I acknowledge and agree that:

Member rights are subject to rules policies of the Department of Athletics and Recreation issued and changed from time to time. Violation of one or more rules and policies may, at the option of the Department of Athletics and Recreation, result in limits on or a cancellation of member's privileges.

I am in good physical health and have medical insurance.

I understand that participating in athletic activities and using all equipment in the sports complex facilities involves risks of injury or other harm to me. In particular, I understand that the use of equipment, the facilities, and my participation in athletic programs or classes may result in serious physical injury or even death. I am assuming all such risks knowingly and voluntarily, including but not limited to those risk associated with my own physical condition.

**I will not hold the University of Rochester, its trustees, officers, employees, and/or agents responsible for any injury or harm to me that results from my use of the facilities or equipment, unless those persons cause the injury or harm intentionally or by their gross negligence.**

THE DEPARTMENT OF ATHLETICS AND RECREATION MAKES NO WARRANTIES EXPRESSED OR IMPLIED ABOUT THE CONDITION OR FITNESS FOR USE OF THE FACILITIES OR EQUIPMENT. THE EQUIPMENT AND FACILITIES ARE MADE AVAILABLE TO ME AS IS AND I USE THEM AT MY OWN RISK.

I HAVE READ AND UNDERSTOOD ALL OF THE ABOVE. ALL INFORMATION GIVEN BY ME ABOVE IS COMPLETE, CORRECT AND TRUE. I HAVE SIGNED THIS DOCUMENT FREELY AND VOLUNTARILY.

Member Signature: \_\_\_\_\_  
\_\_\_\_\_

Date:

Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Print Guardian Name: \_\_\_\_\_

*Complete Guardian information if participant is under 18 years of age. Co-sign on behalf of a minor.*