

**Statement of Risk and Liability
for the River Campus Sports Complex**

Name: _____

Address: _____

City/Town: _____ State: _____ Zip: _____

Phone: (____) ____ - ____

Member rights are subject to rules and regulations promulgated by the Department of Athletics and Recreation from time to time and posted on the premises: violation of one or more rules and regulations may, at the option of the Department of Athletics and Recreation, result in cancellation of Member's privileges.

Member acknowledges that the Department of Athletics and Recreation have made no claims concerning results or consequences of the use of the facility, or equipment, and that Athletics and Recreation has made no medical diagnosis, has promised no medical treatment, and has made no representations or warranties, concerning any direct or consequential results that may be anticipated, or that may occur, by reason of the use of facilities or the equipment. Member represents that he/she is in good physical health, and have appropriate medical insurance in the event that medical attention is required.

In consideration for my membership, I represent, affirm and promise to the University of Rochester that:

I understand that participating in activities involves risks of injury or other harm to me. I am assuming all such risks knowingly and voluntarily, including but not limited to those risks associated with my own physical condition. The use of the facility and equipment are undertaken at my sole discretion and risk. I will not hold the University and its employees and agents responsible for any injury or harm to me that results my participation, unless they cause the injury or harm intentionally or by their gross negligence.

THE DEPARTMENT OF ATHLETICS AND RECREATION MAKES NO WARRANTIES EXPRESSED OR IMPLIED. MEMBER'S SOLE EXCLUSIVE REMEDY IN THE EVENT OF BREACH SHALL BE CANCELLATION OF THIS AGREEMENT.

I HAVE READ AND UNDERSTOOD ALL OF THE ABOVE AND AFFIRM UNDER PENALTIES OF PERJURY THAT ALL INFORMATION GIVEN AS SET FORTH ABOVE IS COMPLETE, CORRECT, AND TRUE.

Member (Signature)

Date

Complete if participant is under 18 years of age:

Co-Sign on behalf of the minor by:

(Guardian Signature)

(Print Name of Guardian)



Robert B. Goergen Athletic Center
University of Rochester
Rochester, New York 14627-0296
(585) 275-7643

**Statement of Risk and Liability
for the River Campus Sports Complex**

Name: _____

Address: _____

City/Town: _____ State: _____ Zip: _____

Phone: (____) ____ - ____

Member rights are subject to rules and regulations promulgated by the Department of Athletics and Recreation from time to time and posted on the premises: violation of one or more rules and regulations may, at the option of the Department of Athletics and Recreation, result in cancellation of Member's privileges.

Member acknowledges that the Department of Athletics and Recreation have made no claims concerning results or consequences of the use of the facility, or equipment, and that Athletics and Recreation has made no medical diagnosis, has promised no medical treatment, and has made no representations or warranties, concerning any direct or consequential results that may be anticipated, or that may occur, by reason of the use of facilities or the equipment. Member represents that he/she is in good physical health, and have appropriate medical insurance in the event that medical attention is required.

In consideration for my membership, I represent, affirm and promise to the University of Rochester that:

I understand that participating in activities involves risks of injury or other harm to me. I am assuming all such risks knowingly and voluntarily, including but not limited to those risks associated with my own physical condition. The use of the facility and equipment are undertaken at my sole discretion and risk. I will not hold the University and its employees and agents responsible for any injury or harm to me that results my participation, unless they cause the injury or harm intentionally or by their gross negligence.

THE DEPARTMENT OF ATHLETICS AND RECREATION MAKES NO WARRANTIES EXPRESSED OR IMPLIED. MEMBER'S SOLE EXCLUSIVE REMEDY IN THE EVENT OF BREACH SHALL BE CANCELLATION OF THIS AGREEMENT.

I HAVE READ AND UNDERSTOOD ALL OF THE ABOVE AND AFFIRM UNDER PENALTIES OF PERJURY THAT ALL INFORMATION GIVEN AS SET FORTH ABOVE IS COMPLETE, CORRECT, AND TRUE.

Member (Signature)

Date

Complete if participant is under 18 years of age:

Co-Sign on behalf of the minor by:

(Guardian Signature)

(Print Name of Guardian)



Robert B. Goergen Athletic Center
University of Rochester
Rochester, New York 14627-0296
(585) 275-7643