

Release of Liability Waiver

Delta College Fitness & Recreation Center

PARTICIPATION IN ANY ACTIVITY WITHIN THE FITNESS & RECREATION CENTER IS AT THE SOLE DISCRETION AND JUDGEMENT OF THE MEMBER AND AT HIS OR HER OWN RISK.

I _____, the undersigned, for myself and each sponsored dependents, assume full responsibility for death, or any injuries or damages which may occur to me or my sponsored guests or dependents, in, on, or about the premises of the facility and do hereby fully and forever release and discharge Delta College, the Board of Trustees, Delta College employees, volunteers, and representatives, and the Fitness & Recreation Center staff, from any and all suits, claims, damages, costs and expenses of every kind, in conjunction with the use of the facility and equipment thereof, except that arising out of the sole negligence or willful misconduct of Delta College.

I, the undersigned, for myself and my sponsored guests or dependents, further agree to use all equipment and activity areas properly and leave them in good condition. I assume total liability and agree to reimburse the College for all damages incurred through the misuse of any facility area and/or equipment thereof. I also understand that the College and the Fitness & Recreation Center staff are not responsible for any lost or stolen personal belongings.

I, the undersigned, have received the Membership Guidelines handout and understand there are limitations to my membership as outlined in the handout. I also understand that all memberships are non-refundable and can be revoked from any person exhibiting inappropriate behavior or abuse of the Fitness & Recreation Center Staff or facilities. I recognize that the Fitness & Recreation Center may occasionally be closed to members for maintenance and that no portion of the membership fee will be refunded, nor will a credit be given, when maintenance occurs. I also recognize that certain activities have minimum age requirements of 14 years. I undertake to explain the Membership Guidelines to my sponsored guests or dependents and to assure their compliance with them.

I, the undersigned, and my sponsored guests or dependents, desire to voluntarily engage in an exercise program at the Delta College Fitness & Recreation Center to improve physical fitness. I understand medical clearance is recommended before beginning an exercise program. Consultation with my physician to gain clearance to begin a fitness program is my responsibility, both for myself and for my sponsored Dependents, and highly recommended.

I, the undersigned, have read this form and understand it and the nature of the exercise program. I understand that by signing this form I am giving up certain legal rights. My questions have been answered to my satisfaction.

I, the undersigned, certify that the information I have given in my application for membership is complete and accurate. I have provided complete and current contact information. I agree that in the event of an emergency where I cannot be reached, emergency medical treatment may be provided to my sponsored guests or dependents.

By my signature below, I agree to the provisions of this Release of Liability Waiver for myself, for my sponsored guests or dependents, and for my heirs and assigns, intending to be legally bound.

Applicant's Signature: _____

Date: _____

Sponsored Dependent's Signature: _____

Date: _____

Sponsored Dependent's Signature: _____

Date: _____

Sponsored Dependent's Signature: _____

Date: _____

Delta College Marketing & Public Information Photo Release

I hereby authorize Delta College to use photographs taken of me for purposes of Marketing, Public Relations, Promotion and Recruitment in both print publication and/or use on the College's web site.

Signature

Date