

Recreational Sports

Division of Student Affairs

Release and Waiver of Liability

Please read this document carefully before signing.
If there are any questions concerning this document, contact the Director of Recreational Sports.

Name (print)

SSN:

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Birth Date:

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I desire to participate in the Recreational Sports Fitness Programs at Virginia Commonwealth University (herein after as VCU). By my signature below, I acknowledge that participation in the activities involves an inherent risk of physical injury. I acknowledge and voluntarily assume the risk of those injuries, regardless of severity, which may occur as a result of my participation.

I realize that participation in this activity is a privilege and not a right, and that in consideration of VCU allowing me to participate in the Fitness Programs and recreational activities under the sponsorship of Recreational Sports, for which or in connection with which the University has made available any equipment, facilities, grounds or personnel, I CERTIFY THAT I AM FULLY RESPONSIBLE FOR MY PARTICIPATION IN ACTIVITIES, AND DO HEREBY WAIVE, RELEASE AND FOREVER DISCHARGE VCU, RECREATIONAL SPORTS, ITS AGENTS, OFFICERS, INSTRUCTORS, EMPLOYEES OR REPRESENTATIVES FROM ANY AND ALL RESPONSIBILITIES, CLAIMS AND/OR LIABILITY FOR BODILY INJURIES OR DAMAGE TO MYSELF, PROPERTY DAMAGE, OR WRONGFUL DEATH CAUSED BY ANY REASON WHATSOEVER, INCLUDING NEGLIGENCE, GROSS OR OTHERWISE.

Further, I understand that this release and waiver of liability shall be effective for a period of one year from this date.

I understand that VCU does not provide any medical, life or accident insurance for participants and that the Recreational Sports office strongly recommends that all participants have a medical insurance plan. I fully understand that I am personally responsible for all medical expenses, which I may incur as a result of treatment received for injuries sustained during my participation.

I understand that the American College of Sports Medicine (ACSM) recommends (A) medical examinations and exercise testing prior to participation in moderate exercise and vigorous exercise and (B) physician supervision of exercise tests for submaximal testing for (1) persons with two or more risk factors or one or more signs or symptoms, (2) persons with known cardiac, pulmonary, or metabolic disease, and males (45 and females (55 years of age. This is not required for individuals with no symptoms for moderate exercise or submaximal testing. The American Heart Association (AHA) recommends that those individuals (40 years of age without symptoms or known presence of heart disease, no major risks factors, and a normal exercise test require no supervision or monitoring.

I do hereby further declare myself to be physically sound and suffering from no conditions, impairment, disease, infirmity, or other illness that would prevent my participation in any of the activities and programs of VCU or use of equipment or machinery except as hereinafter stated. I do hereby acknowledge that I have been informed of the need for a physician's approval for my participation an exercise/fitness activity or in the use of exercise equipment and machinery. I also acknowledge that it has been recommended that I have a yearly or more frequent physical examination and consultation with my physician as to physical activity, exercise, and use of exercise and training equipment so that I might have recommendations concerning these fitness activities and equipment use. I acknowledge that I have either had a physical examination and have been given my physician's permission to participate, or that I have decided to participate in activity and/or use of equipment and machinery without the approval of my physician and do hereby assume all responsibility for my participation and activities, and utilization of equipment and machinery in my activities.

I acknowledge that I have read this document carefully before signing and that I understand and accept all provisions of this waiver. I certify that I meet all eligibility rules governing participation in the Fitness Programs.

I, the undersigned, am at least 18 years of age and hereby certify that I voluntarily sign this release, that I have read all of its provisions, and fully understand its significance.

Revised August 2001

Participant's Signature

Date

Witness's Printed Name

Date
