

UConn Health Wellness Center Waiver and Release

This Document Must Be Completed By All Participants

I acknowledge a full understanding of the inherent dangers and risks associated with the use of the UConn Health Wellness Center ("Wellness Center") and/or any fitness/wellness activity occurring therein. I also acknowledge that it is my responsibility to follow any instructions for any activity or use of equipment. I further understand that, notwithstanding precautions taken by the University of Connecticut, UConn Health, and/or their affiliates (collectively, "UConn"), my use of, presence in, or participation in activities conducted by the Wellness Center involves a risk of injury and/or death. I am voluntarily participating in these activities and voluntarily using equipment, and I accept any and all risks associated with my participation in activities conducted at the Wellness Center.

I acknowledge it is recommended that I seek approval from my physician before implementing an exercise regimen, as there may be significant health risks associated with exercising.

In consideration for being permitted to use the Wellness Center, and because I assume all risks involved, I hereby agree that I am responsible for any resulting personal injury, damage to, or loss of my property arising out of my use of the Wellness Center, or participation in any fitness/wellness activity occurring therein.

I, for myself, and on behalf of my heirs, assigns, personal representatives and next of kin, hereby release, indemnify, and hold harmless UConn, its officers, directors, trustees, agents, and/or employees ("Releases") from any and all claims, demands, damages, rights of action or causes of action, present or future, arising out of my use or occupancy of the Wellness Center or any fitness/wellness activity occurring therein, including any injuries arising from negligence of the Releases or otherwise, to the fullest extent permitted by law.

I further state that I am at least eighteen (18) years of age and fully competent to sign this document. I agree to pay all applicable fees, and I execute this waiver and release for full, adequate, and complete consideration fully intending to be bound by the same.

Last Name: _____ **First Name:** _____

Home Address: _____ **School:** _____

City, State Zip Code: _____ **Email Address** _____

Mobile Phone: _____

Category: UConn Health Graduate Student UConn Health Faculty - Staff
UConn Health Medical Student UConn Health Dental Student

THIS IS A RELEASE OF YOUR RIGHTS. READ CAREFULLY BEFORE SIGNING.

Signature: _____ **Date:** _____

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