

UNIVERSITY OF MAINE SYSTEM
UNIVERSITY OF MAINE AT MACHIAS
Fitness Center Release and Assumption of Risk
(Adult)

Please print all information clearly. Signature required below.

Participant's Name: _____

Street Address _____ City _____ State/Province _____ Zip/Postal Code _____

Emergency Contact: _____ Phone # _____ or _____

I, the above named individual acknowledge, declare and agree as follows:

1. That I have voluntarily agreed to engage in activities involving the use of the Fitness Center, (the "UMM FITNESS CENTER") at the University of Maine at Machias (University) and in consideration of being permitted to use the UMM Fitness Center do voluntarily execute this "Release and Assumption of Risk" on behalf of myself, my heirs and next-of-kin, my personal representatives and my estate.
2. That I have been fully informed of the nature, scope and demands of use of the UMM FITNESS CENTER, and I understand that such use may include activities which could be dangerous to me and other participants and which could cause property damage, bodily injury and/or death. Such dangers, hazards and risks of this activity may include, but are not limited to, injuries inflicted by the following:

Abrasions, entanglements, and other injuries resulting from activities within the UMM FITNESS CENTER including but not limited to injuries caused through inappropriate technique or overuse including but not limited to tendonitis, strains, sprains, abrasions, bruises, dislocation, joint swelling, muscle aches, and fractures, other harm and injury, including but not limited to, drowning, shortness of breath, light headedness resulting from increased heart rate, increased blood pressure, heart attack, and other injuries from strenuous physical activity.

3. That the University has informed me that there may be dangers and hazards inherent to participants at the UMM FITNESS CENTER because of the activities involved, and that I personally recognize and appreciate that such dangers and hazards exist. I accept and assume full responsibility for all harm and injury, of every nature, including death, which may occur to me or which I may suffer or cause to others and for all damages or loss to any personal property owned by me or damaged by me, while I am participating at UMM FITNESS CENTER. I agree to indemnify, hold harmless and release the University, the University of Maine System and its Trustees, faculty, employees, volunteers and agents from and against any and all claims, demands, actions or causes of action, on account of damage or loss to my personal property, my personal injury or death, or the bodily injury, death or damage to personal property of others caused by me, which occur or result directly or indirectly from my participation at and the use of the UMM FITNESS CENTER, **INCLUDING, BUT NOT LIMITED TO, ANY AND ALL CLAIMS, DAMAGES, DEMANDS, ACTIONS OR CAUSES OF ACTION RESULTING FROM THE NEGLIGENCE OF THE UNIVERSITY, THE UNIVERSITY OF MAINE SYSTEM, ITS TRUSTEES, FACULTY, AGENTS, EMPLOYEES OR VOLUNTEERS.**
4. I understand that before I start any exercise program, I should consult with a physician. I declare that I am able to physically withstand and cope with the indicated rigors of the activities at the UMM FITNESS CENTER with or without a reasonable accommodation. If an accommodation is needed, I will contact UMM FITNESS CENTER staff.
5. This "Release and Assumption of Risk" shall be construed and interpreted pursuant to the laws of the State of Maine, and if any portion thereof is held invalid, unenforceable or illegal, the remainder shall continue in full force and effect.

I declare that I completely understand and have fully informed myself of the terms and conditions of this "Release and Assumption of Risk" by having read it, or having it read to me, before signing and I intend to be fully bound thereby. This "Release and Assumption of Risk" shall remain in effect from the date hereof and on every occasion that I participate at the UMM FITNESS CENTER. I acknowledge and accept responsibility for my personal actions. I understand and accept that failure to comply with the UMM FITNESS CENTER safety policies and procedures may result in suspension and/or termination of my access privileges to UMM FITNESS CENTER.

In consideration for my use of UMM FITNESS CENTER, I acknowledge that I agree to abide by the UMM FITNESS CENTER policies as posted in the UMM FITNESS CENTER area. (Policies are also available in individual printed format, copies available at the front desk.)

Adult Participant Consent:

Signature of Patron (must be 18 years of age or older)

Assented and agreed to: ____/____/____
Month Day Year