

The University of Akron
Student Recreation and Wellness Center
Acknowledgement of Risk, Release, Waiver of Liability,
and Medical Authorization for ADULT Participants

In consideration of my being permitted by The University of Akron to use its Student Recreation and Wellness Center facilities and/or participate in any programs or activities offered by The University of Akron, including, but not limited to, _____ I agree to the following:

I hereby acknowledge the inherent risks associated with using fitness equipment and facilities and that such risks include, but are not limited to:

1. Falling and impacting against solid surfaces, including the Student Recreation and Wellness Center floor and projections, whether permanently or temporarily in place;
2. Collisions associated with group activities, such as, but not limited to, basketball, racquetball, tennis, and jousting;
3. Failure of fitness equipment, including, but not limited to, treadmills, stair climbers, elliptical machines, and weight machines;
4. Failure to follow the Student Recreation and Wellness Center's employees' instructions or failure to ask for information or assistance; and
5. Injuries resulting from the actions or omissions of others using the facilities and equipment.

I understand that these risks carry with them the possibility of injury or ailment, including, but not limited to sprains, strains, broken bones, or concussion, and less likely, although still possible, death or injury, including, but not limited to serious neck and spinal injuries, which may result in complete or partial paralysis, brain damage, serious injury to virtually all internal organs, serious injury to virtually all bones, joints, ligaments, muscles, tendons, and other aspects of the muscular skeletal system and serious injury or impairment to other aspects of my body, general health, and well-being. I further understand that the dangers and risks of participation in the above activities may result not only in serious injury, but in a serious impairment of my future abilities to learn, earn a living, engage in other business, social and recreational activities and generally to enjoy life.

Despite the inherent risks associated with these programs and activities, some of which are outlined above, I voluntarily desire to participate in such activities at The University of Akron and voluntarily agree to accept and assume all risks of personal injury, death or any other damages. I acknowledge that I am in good physical condition and that I know of no allergies, physical impairments, disabilities, or other condition or reason that would prevent me from safely participating in such activities.

I agree to pay attention to the state of any equipment I may use and to advise staff members if I do any damage or notice damage or problems. I certify that I have read the posted rules and regulations, and I understand and agree that I will be required to abide by all rules and regulations of The University of Akron Student Recreation and Wellness Center. I further agree to comply with any specific requests or instructions made of me by the University's Recreation and Wellness Center staff.

I hereby agree forever to RELEASE, WAIVE, DISCHARGE AND COVENANT NOT TO SUE The University of Akron, its Board of Trustees, officers, employees, agents, or volunteers (hereinafter collectively referred to as "Released Parties"), for any and all personal injuries, death, loss of or damage to property, or any other damages whatsoever, from whatever cause, supervised or unsupervised, including, but not limited to, negligence resulting from my participation in the above listed programs or activities offered by The University of Akron's Student Recreation and Wellness Center. I also hereby agree that in the event any claim arising out of or incidental to personal injury, death, or any damages to me shall be filed against any Released Parties, I shall indemnify and hold harmless such Released Parties against any and all claims, including attorney's fees incurred by the Released Parties in defending any such claims.

In the event of illness or injury resulting or arising directly or indirectly out of my participation or involvement with programs or activities at the Student Recreation and Wellness Center, I hereby give my consent and authorization for (1) the administration of emergency first aid care and treatment at the scene of an emergency by employees of The University of Akron or emergency personnel, (2) the administration of any treatment deemed necessary by a licensed physician or dentist, and (3) the transfer to any hospital reasonably accessible. This authorization is not intended to cover major surgery unless the medical opinions of two licensed physicians or dentists, concurring in the necessity for such surgery, are obtained prior to the performance of such surgery. I understand that should any such medical care or treatment be necessary, I am fully responsible for all costs associated with such care and treatment, and I agree to hold The University of Akron, as well as its Board of Trustees, officers, employees, agents, representatives, or volunteers harmless from all costs associated with such treatment.

I ACKNOWLEDGE THAT I HAVE READ AND FULLY UNDERSTAND THE ABOVE BEFORE HAVING SIGNED THIS DOCUMENT.

Name (Printed)

Signature

Date

Emergency Contact Name & Number

The University of Akron
Student Recreation and Wellness Center
Acknowledgement of Risk, Release, Waiver of Liability,
and Medical Authorization for MINOR Participants

In consideration of my child being permitted by The University of Akron to use its Student Recreation and Wellness Center facilities and/or participate in any programs or activities offered by The University of Akron, including, but not limited to, _____ I agree to the following:

I hereby acknowledge the inherent risks associated with using fitness equipment and facilities and that such risks include, but are not limited to:

1. Falling and impacting against solid surfaces, including the Student Recreation and Wellness Center floor and projections, whether permanently or temporarily in place;
2. Collisions associated with group activities, such as, but not limited to, basketball, racquetball, tennis, and jousting;
3. Failure of fitness equipment, including, but not limited to, treadmills, stair climbers, elliptical machines, and weight machines;
4. Failure to follow the Student Recreation and Wellness Center's employees' instructions or failure to ask for information or assistance; and
5. Injuries resulting from the actions or omissions of others using the facilities and equipment.

I understand that these risks carry with them the possibility of injury or ailment, including, but not limited to sprains, strains, broken bones, or concussion, and less likely, although still possible, death or injury, including, but not limited to serious neck and spinal injuries, which may result in complete or partial paralysis, brain damage, serious injury to virtually all internal organs, serious injury to virtually all bones, joints, ligaments, muscles, tendons, and other aspects of the muscular skeletal system and serious injury or impairment to other aspects of my child's body, general health, and well-being. I further understand that the dangers and risks of participation in the above activities may result not only in serious injury, but in a serious impairment of my child's future abilities to learn, earn a living, engage in other business, social and recreational activities and generally to enjoy life.

Despite the inherent risks associated with these programs and activities, some of which are outlined above, I consent to my child's participation in such activities at The University of Akron. I acknowledge that my child is in good physical condition and that I know of no allergies, physical impairments, disabilities, or other condition or reason that would prevent my child from safely participating in such activities.

I agree that my child will be required to abide by all rules and regulations of The University of Akron Student Recreation and Wellness Center and that if my child fails to abide by such rules and regulations, he or she will not be allowed to participate in any further programs or activities.

In the event of illness or injury resulting or arising directly or indirectly out of my child's participation or involvement with programs or activities at the Student Recreation and Wellness Center, I hereby give my consent and authorization for (1) the administration of emergency first aid care and treatment at the scene of an emergency by employees of The University of Akron or emergency personnel, (2) the administration of any treatment deemed necessary by a licensed physician or dentist, and (3) the transfer of my child to any hospital reasonably accessible. This authorization is not intended to cover major surgery unless the medical opinions of two licensed physicians or dentists, concurring in the necessity for such surgery, are obtained prior to the performance of such surgery. I understand that should any such medical care or treatment be necessary, I am fully responsible for all costs associated with such care and treatment, and I agree to hold The University of Akron, as well as its Board of Trustees, officers, employees, agents, representatives, or volunteers harmless from all costs associated with such treatment.

I ACKNOWLEDGE THAT I HAVE READ AND FULLY UNDERSTAND THE ABOVE BEFORE HAVING SIGNED THIS DOCUMENT.

Child's Name (Printed)

Parent or Guardian's Name (Printed)

Date

Parent or Guardian's Signature

Emergency Contact Name & Number

Relationship (Please indicate whether Parent or Guardian)

The University of Akron
Student Recreation and Wellness Center – Rock Climbing Wall
Acknowledgement of Risk, Release, Waiver of Liability,
and Medical Authorization for ADULT Participants

In consideration of my being permitted by The University of Akron to use its facilities and/or participate in any climbing programs or activities offered by The University of Akron, I agree to the following:

I hereby acknowledge the inherent extreme risks associated with rock climbing, including climbing on artificial surfaces, and that such risks include, but are not limited to:

1. Falling off the climbing wall and impacting against rock faces and projections, whether permanently or temporarily in place, or the Student Recreation and Wellness Center floor;
2. Rope abrasion, entanglement and other injuries resulting from activities on or near the climbing wall such as, but not limited to, climbing, belaying, rappelling, lowering on rope, and rope rescue systems;
3. Falling climbers or dropped items, not limited to, ropes or climbing hardware;
4. Skin contact with the climbing wall;
5. Failure of ropes, harnesses, climbing hardware, anchor points, or any part of the climbing wall structure;
6. Failure to follow the Student Recreation and Wellness Center’s employees’ instructions or failure to ask for information or assistance; and
7. Injuries resulting from the actions or omissions of other climbers.

I understand that these risks carry with them the possibility of death or injury, including, but not limited to serious neck and spinal injuries, which may result in complete or partial paralysis, brain damage, serious injury to virtually all internal organs, serious injury to virtually all bones, joints, ligaments, muscles, tendons, and other aspects of the muscular skeletal system and serious injury or impairment to other aspects of my body, general health, and well-being. I further understand that the dangers and risks of participation in climbing activities may result not only in serious injury, but in a serious impairment of my future abilities to learn, earn a living, engage in other business, social and recreational activities and generally to enjoy life.

Despite the inherent extreme risks associated with indoor rock climbing, some of which are outlined above, I voluntarily desire to participate in such activities at The University of Akron and voluntarily agree to accept and assume all risks of personal injury, death or any other damages. I acknowledge that I am in good physical condition and that I know of no allergies, physical impairments, disabilities, or other condition or reason that would prevent me from safely participating in climbing activities.

I agree to pay attention to the state of any ropes, anchors, and other equipment I may use, and to advise staff members if I do any damage or notice damage or problems. I certify that I have read the posted rules and regulations, and I understand and agree that I will be required to abide by all rules and regulations of The University of Akron Student Recreation and Wellness Center, including those related to the climbing wall. I further understand and agree that I will be required to wear all safety equipment appropriate for indoor rock climbing, including helmets, shoes, harness, and carabineer, at all times while climbing, and I agree to comply with any specific requests or instructions made of me by the University’s Recreation and Wellness Center staff. I understand that indoor climbing is not the same as outdoor climbing, which requires additional skills; it is encouraged, and I agree, to seek qualified instruction before attempting to climb outdoors.

I hereby agree forever to RELEASE, WAIVE, DISCHARGE AND COVENANT NOT TO SUE The University of Akron, its Board of Trustees, officers, employees, agents, or volunteers (hereinafter collectively referred to as “Released Parties”), for any and all personal injuries, death, loss of or damage to property, or any other damages whatsoever, from whatever cause, supervised or unsupervised, including, but not limited to, negligence resulting from my participation in the climbing programs or activities offered by The University of Akron’s Student Recreation and Wellness Center. I also hereby agree that in the event any claim arising out of or incidental to personal injury, death, or any damages to me shall be filed against any Released Parties, I shall indemnify and hold harmless such Released Parties against any and all claims, including attorney’s fees incurred by the Released Parties in defending any such claims.

In the event of illness or injury resulting or arising directly or indirectly out of my participation or involvement with indoor rock climbing, I hereby give my consent and authorization for (1) the administration of emergency first aid care and treatment at the scene of an emergency by employees of The University of Akron or emergency personnel, (2) the administration of any treatment deemed necessary by a licensed physician or dentist, and (3) the transfer to any hospital reasonably accessible. This authorization is not intended to cover major surgery unless the medical opinions of two licensed physicians or dentists, concurring in the necessity for such surgery, are obtained prior to the performance of such surgery. I understand that should any such medical care or treatment be necessary, I am fully responsible for all costs associated with such care and treatment, and I agree to hold The University of Akron, as well as its Board of Trustees, officers, employees, agents, representatives, or volunteers harmless from all costs associated with such treatment.

I ACKNOWLEDGE THAT I HAVE READ AND FULLY UNDERSTAND THE ABOVE BEFORE HAVING SIGNED THIS DOCUMENT.

Name (Printed)

Signature

Member ID # _____

Date

Emergency Contact Name & Number

**The University of Akron Student Recreation and Wellness Center – Rock Climbing Wall
Acknowledgement of Risk, Consent to Participate, and Medical Authorization for MINOR Participants**

In consideration of my child being permitted by The University of Akron to use its facilities and/or participate in any climbing programs or activities offered by The University of Akron, I agree to the following:

I hereby acknowledge the inherent extreme risks associated with rock climbing, including climbing on artificial surfaces, and that such risks include, but are not limited to:

1. Falling off the climbing wall and impacting against rock faces and projections, whether permanently or temporarily in place, or the Student Recreation and Wellness Center floor;
2. Rope abrasion, entanglement and other injuries resulting from activities on or near the climbing wall such as, but not limited to, climbing, belaying, rappelling, lowering on rope, and rope rescue systems;
3. Falling climbers or dropped items, not limited to, ropes or climbing hardware;
4. Skin contact with the climbing wall;
5. Failure of ropes, harnesses, climbing hardware, anchor points, or any part of the climbing wall structure;
6. Failure to follow the Student Recreation and Wellness Center’s employees’ instructions or failure to ask for information or assistance; and
7. Injuries resulting from the actions or omissions of other climbers.

I understand that these risks carry with them the possibility of death or injury, including, but not limited to serious neck and spinal injuries, which may result in complete or partial paralysis, brain damage, serious injury to virtually all internal organs, serious injury to virtually all bones, joints, ligaments, muscles, tendons, and other aspects of the muscular skeletal system and serious injury or impairment to other aspects of my child’s body, general health, and well-being. I further understand that the dangers and risks of participation in climbing activities may result not only in serious injury, but in a serious impairment of my child’s future abilities to learn, earn a living, engage in other business, social and recreational activities and generally to enjoy life.

Despite the inherent extreme risks associated with indoor rock climbing, some of which are outlined above, I consent to my child’s participation in such activities at The University of Akron and voluntarily agree to accept and assume all risks of personal injury, death or any other damages. I acknowledge that I my child is in good physical condition and that I know of no allergies, physical impairments, disabilities, or other condition or reason that would prevent my child from safely participating in climbing activities.

I understand and agree that my child will be required to abide by all rules and regulations of The University of Akron Student Recreation and Wellness Center, including those related to the climbing wall and that if my child fails to abide by such rules and regulations, he or she will not be allowed to participate in any further climbing activities. I further understand and agree that my child will be required to wear all safety equipment appropriate for indoor rock climbing, including helmets, shoes, harness, and carabineer, at all times while climbing and to comply with any specific requests or instructions made of him or her by the University’s Recreation and Wellness Center staff and that if my child fails to do so, he or she will not be allowed to participate in any further climbing activities. I understand that indoor climbing is not the same as outdoor climbing, which requires additional skills; it is encouraged, and I agree, to seek qualified instruction for my child before he or she attempts to climb outdoors.

In the event of illness or injury resulting or arising directly or indirectly out of my child’s participation or involvement with indoor rock climbing, I hereby give my consent and authorization for (1) the administration of emergency first aid care and treatment at the scene of an emergency by employees of The University of Akron or emergency personnel, (2) the administration of any treatment deemed necessary by a licensed physician or dentist, and (3) the transfer of my child to any hospital reasonably accessible. This authorization is not intended to cover major surgery unless the medical opinions of two licensed physicians or dentists, concurring in the necessity for such surgery, are obtained prior to the performance of such surgery. I understand that should any such medical care or treatment be necessary, I am fully responsible for all costs associated with such care and treatment, and I agree to hold The University of Akron, as well as its Board of Trustees, officers, employees, agents, representatives, or volunteers harmless from all costs associated with such treatment.

I ACKNOWLEDGE THAT I HAVE READ AND FULLY UNDERSTAND THE ABOVE BEFORE HAVING SIGNED THIS DOCUMENT.

Child’s Name (Printed)

Parent or Guardian’s Name (Printed) Signature

Date

Parent or Guardian’s Signature

Emergency Contact Name & Number

Relationship (Please indicate whether Parent or Guardian)