



## Fitness & Recreation Center

### Release, Acknowledgment of Risk, and Waiver of Liability for use of the Boston University Fitness and Recreation Center MUST BE COMPLETED BY ALL PARTICIPANTS (Or by parent/legal guardian if participant is under 18 years of age)

In consideration of the opportunity to participate in classes, activities, and programs conducted by BU Squash ("the Program"), in the Boston University Fitness and Recreation Center and/or other University athletic facilities, and to use equipment located therein,

- ☐ I, \_\_\_\_\_, an ADULT, on behalf of myself and anyone claiming on behalf of me, or  
(name of participant adult)
- ☐ I, \_\_\_\_\_, the PARENT or LEGAL GUARDIAN of the child/children identified  
(name of parent/guardian)

hereunder in the signature block, each a MINOR, on behalf of myself, my child/children, and anyone claiming on behalf of me or my child/children, do hereby forever release, hold harmless, agree not to sue, and forever discharge Trustees of Boston University (the "University") and its departments, officers, directors, board members, representatives, agents, and employees from any and all claims, demands, causes of action, judgment, damages, expenses and costs (including attorneys' fees), including but not limited to claims of negligence on account of personal injury, bodily injury, property damage, death or accident of any kind sustained by me and/or my child that arises out of my or my child's use of, presence in, or participation in activities conducted at the Fitness and Recreation Center and other University athletic facilities, whether or not caused by the ordinary negligence of the University, which I may now or hereafter have and which the above-named minor has or hereafter may acquire, either before or after reaching majority.

I understand, recognize, and acknowledge that certain activities conducted or taking place in the Fitness and Recreation Center and other University athletic facilities are potentially hazardous and may involve the risk of accident, death, illness, physical or mental injuries, and property damage. It is my responsibility to ask questions about any aspect of the Program activities that has not been explained to my satisfaction. I hereby voluntarily assume any and all risks, including injury to person and property, related to my participation and/or my child's participation in the Program. I further understand that, notwithstanding precautions taken by the University, sports and fitness activities involve a risk of injury and/or death. I/we are voluntarily participating in these activities and using equipment and machinery with knowledge of the dangers involved.

In signing this Release, Acknowledgment of Risk, and Waiver of Liability, I hereby acknowledge that I have read this entire document, that I understand its terms, that I have signed it knowingly and voluntarily, and that I intend it to bind me and, as applicable, my child/children and anyone claiming on behalf of me or my child/children.

I understand that I must abide by and follow all rules and policies outlined in the Membership Handbook.  
<https://www.bu.edu/fitrec/about/forms-policies/>

Event Dates: 12/1/18-12/2/18

Event Organizer: Boston University Club Sports

Event Title: Northeast Regional Basketball Championship - 2018

*(If participant is OVER 18 years of age)*

Print Legal Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*(If participant is under 18 years of age)*

Print Your Child's/Children's Legal Name(s): \_\_\_\_\_

Print Parent's/Legal Guardian's Name: \_\_\_\_\_

Signature of Parent/Legal Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_