The George Washington University
Recreational Sports & Fitness Services

Group Fitness/Extreme Training Programs
Waiver & Release 2007 - 2008

Last Name_____

First Name_____

Female _____ Male _____

GWid _____ _____ _____ _____ _____ _____ _____ _____ _____

Local Phone Number (_____ _____ _____) _____ _____ _____ - _____ _____ _____ _____

E-Mail Address: _____

I declare that I wish to participate in the Group Fitness/Extreme Training Program conducted by The George Washington University, including the agents, staff, faculty, officers, employees, students, trustees and instructors, (collectively "GWU"), and I understand that I may do so only upon the following conditions and agreements.

1. I acknowledge that I have received, read and understand the handout titled, "GROUP FITNESS GUIDELINES." Through these "GROUP FITNESS GUIDELINES", I have been advised by GWU of the desirability of a physical exam and also of the risk of injury in an aerobic exercise program.
2. I hereby REPRESENT and WARRANT to GWU that I am physically capable of participating in the program without injury, that I have had a recent medical examination within the recommended time limit for my age group, and that I am not aware of any physical illness or condition that could increase my risk of injury during such participation.
3. Through my review of the "GROUP FITNESS GUIDELINES", I recognize that there are risks of injury associated with participation in GWU's Group Fitness/Extreme Training Program for individuals who are overweight, elect to participate without appropriate shoes, or are of an age or physical condition that make illness, injury or death as a result of participation more likely.
4. I am aware of the risks inherent in any aerobic exercise program, including but not limited to severe personal injury and death. I understand that through my participation in the GW Recreational Sports' Group Fitness/Extreme Training Program, I am subject to possible injury and death, and also understand that by my participation, I accept the risk of possible injury and death.
5. In order to induce GWU to allow me to participate in the GWU Group Fitness/Extreme Training Program, I, on behalf of my heirs, personal representative agents or assigns, hereby **WAIVE AND RELEASE** GWU from any and all claims, costs, liabilities, expenses or judgements, including but not limited to attorney's fees and court costs (collectively "Claims") arising out of my participation in GWU's Group Fitness/Extreme Training Program and use of the GWU's facilities for the Group Fitness/Extreme Training Program. I also agree to indemnify and hold harmless GWU from and against any and all such Claims.
6. I hereby voluntarily execute and deliver this **WAIVER AND RELEASE** so that I may participate in this Group Fitness/Extreme Training Program.

☐ I have read and understand the above **WAIVER AND RELEASE** and the handout entitled, **AGROUP FITNESS GUIDELINES.@** I understand that there are risks of injury involved in participating in aerobic exercise, I have sought such medical guidance as necessary prior to my participation, and I voluntarily assume such risks.

☐ I attest that I am physically fit to participate in the group fitness/extreme training program.

☐ I attest that I am 18 years old or older.

_____

Emergency Contact Name Emergency Contact Phone

_____

Signature of Participant Date

FOR OFFICE USE ONLY

Fall Receipt # _____

Spring Receipt # _____

Summer Receipt # _____