

**Charles S. Johnson Wellness Center  
Fieldhouse and Fitness Area**

**ASSUMPTION OF RISK AND LIABILITY RELEASE FORM**

The facilities and activity programs offered by the Charles S. Johnson Wellness Center have been designed and established to provide the optimum level of beneficial exercise and enjoyment. Because of the nature of the programs and equipment in the Wellness Center there is an inherent risk of injury which characterize any exercise activity resulting in a practical limitation placed on the Wellness Center in its efforts to prevent injuries to participants, whether actively participating in exercises, utilizing the equipment or taking advantage of the various other facilities at the Center. The Wellness Center enlists your assistance in assuring that the facilities and the equipment are utilized in a proper manner so that the inherent risks which exist under the control of the Center as well as those outside the control of the Center and partially within the control of each individual participant are minimized by the participant's thoughtful and cautious use of both the equipment and the facilities.

In consideration of the above factors, the undersigned participant acknowledges the existence of risks in connection with these activities assumes such risks and agrees to accept the responsibility for any injuries sustained by him/her in the course of his/her use of the facilities and/or equipment. More specifically, the participant acknowledges and accepts risks in one or more of the following general areas:

- (1) The use of exercise equipment.
- (2) Participation in related as well as unsupervised activities which are made available in the gym as well as other activities that may take place outside the Wellness Center.
- (3) Possible injuries or medical disorders arising out of the participant's exercising at the facilities, such as heart attack, stroke, heat stress or other injuries which may arise such as sprains, broken bones, torn muscles, torn ligaments, etc.
- (4) Accidents or injuries which occur within the facilities provided by Grand View University such as the locker rooms, dressing rooms, and showers.
- (5) It is further recommended that participants consult with their doctors before engaging in any activities which are a part of the Charles S. Johnson Wellness Center program.

The participant further acknowledges that existence of and the need for certain rules and procedures concerning the use of the equipment and facilities that are a part of the Wellness Center. He/She agrees to abide by those rules and to make every individual effort to assure that the equipment and facilities are kept in a safe and usable condition.

HAVING READ THE PRECEDING, THE PARTICIPANT ACKNOWLEDGES HIS/HER UNDERSTANDING OF THOSE RISKS SET FORTH HEREIN AND KNOWINGLY AGREES TO ACCEPT FULL RESPONSIBILITY FOR HIS/HER OWN EXPOSURE TO SUCH RISKS.

**Signature** \_\_\_\_\_ **Print name** \_\_\_\_\_

**Address (full):** \_\_\_\_\_

**Email** \_\_\_\_\_

Parents Signature if under 18 \_\_\_\_\_ **DATE** \_\_\_\_\_

**Circle which applies to you:** ALUMNI TRUSTEE BOARD AFFILIATE

RETIREE INTERN SECURITY LUTHER PARK/TRINITY

SPOUSE/PARTNER DEPENDENT

**\*IF SPOUSE/PARTNER OR DEPENDENT, LIST BELOW THE GV FACULTY/STAFF YOU**

**ARE AFFILIATED WITH:** \_\_\_\_\_