



## Summer Festival/Residential Life Fitness Room Waiver of Liability

Please complete this form and leave it with check-in personnel upon your arrival.

### Personal Information:

Name: \_\_\_\_\_ Date of Birth: \_\_\_/\_\_\_/\_\_\_

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

City/State/Zip: \_\_\_\_\_

Emergency Contact Person: \_\_\_\_\_

Emergency phone: \_\_\_\_\_ Relationship to emergency contact: \_\_\_\_\_

### Liability Waiver:

I, the undersigned, being aware of my own health and physical condition, and having knowledge that my participation in any exercise program, and use of any exercise equipment may be injurious to my health, am voluntarily using the Colburn School exercise facilities.

Having such knowledge, I hereby release the Colburn School, their representatives, agents, and successors from liability for accidental injury or illness, which I may incur as a result of participating in the said physical activity. I hereby assume all risks connected therewith and consent to participate in said program.

I agree to disclose any physical limitations, disabilities, ailments, or impairments, which may affect my ability to participate in said fitness program.

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

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