

# **SIUE Student Fitness Center Adult Guest Waiver of Liability**

Please print clearly and fill in all information:

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

Guest Name: \_\_\_\_\_

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

City, State, Zip: \_\_\_\_\_

Main Phone #: \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

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

Emergency Contact Phone # \_\_\_\_\_

## **Waiver of Liability**

I hereby agree to abide by all policies regulating Southern Illinois University Edwardsville and Campus Recreation with the understanding that any violation of those policies may result in forfeiture of privileges and fees paid to Campus Recreation.

In addition, I hereby assume responsibilities for any injury to myself, my children, or damage to my property that should occur during any SIUE sponsored activity and release any and all right or claims for damages which may hereafter occur to same, or which we may have against Southern Illinois University Edwardsville and all individuals involved in these programs and any of their agents. As the customer, I agree to pay any and all attorney's fees, court costs, or collection charges incurred by the University of returned checks or other account collection efforts.

I have read, understand, and have freely and voluntarily signed this *Release, Waiver of Liability, Assumption of Risk, & Covenant Not To Sue Agreement*. I warrant that I am over the age of 18 years.

\_\_\_\_\_  
Participant's Name (Please print clearly)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

### **STAFF USE ONLY**

I \_\_\_\_\_ verify that the above participant presented a photo ID with a date of birth over 18 years.  
Printed staff name

\_\_\_\_\_  
Staff signature

\_\_\_\_\_  
Date