

University of Oklahoma Norman Campus

WAIVER and RELEASE of LIABILITY

This is a legal and binding agreement which, when signed, will permanently limit your ability to recover from the University for injuries or losses you may cause or sustain as a result of participation in on or off-campus activities.

The University of Oklahoma is a state educational institution. References to the University of Oklahoma include its Board of Regents, officers, agents, faculty, employees, volunteers, students, UOSA and administrative organizations.

I [*print your name*] _____ freely choose to participate in the usage of Fitness and Recreation facilities as a member or guest, which may include the following activities:

Intramural Sports	Rock Wall/Climbing	Personal Training	Wellness Coaching
Individual/Team Fitness	FIT Classes/F45	Aquatics Activities	

I understand that the University of Oklahoma is not an agent of and has no responsibility for any third party that may provide services including food, lodging, travel, or equipment. The University of Oklahoma has not reviewed the qualifications of the Activity organizer or sponsor, and does not endorse or sponsor the program or its safety or quality.

For off-campus activities, I agree to inform myself about the potential dangers of the area I am traveling to and precautions I should take, including reviewing the State Department Consular Travel Information at <http://www.travel.state.gov> and the Centers for Disease Control Travelers Information at <http://www.cdc.gov/travel/> for health and immunization information, and any other information that the Activity organizer, sponsor or the University may provide.

For a "Wilderness" trip, I understand that it may take 48 hours or more to arrive at a medical facility, transportation to which may be by boat or on foot. I accept the increased risk that such isolation may pose in the event of injury.

I understand that it is my responsibility to acquire and use activity-appropriate and/or required equipment and protection. I agree to reduce the risk of injury to myself and others by following applicable rules and procedures, by limiting my participation to reflect my personal fitness level and by notifying the Activity coordinator immediately if I do not believe I can safely continue in the Activity. I agree that if I fail to act in accordance with this agreement I may not be permitted to continue in the Activity.

Despite precautions, accidents and injuries can and do occur. I understand that the Activity and transportation may be dangerous and that I may be injured and/or lose or damage personal property as a result of participation in the Activity. Therefore, **I FULLY AND COMPLETELY ASSUME ALL RISKS RELATED TO THE ACTIVITIES** including death, injury, illness or loss from accidents, theft of or damage to personal belongings.

Medical Treatment Authorization

I authorize the University of Oklahoma to act on my behalf in any medical emergency.

Signature

Date

(Signature of Parent or Legal Guardian is required if participant is under 18.)

Release from Liability, Indemnification Agreement and Covenant Not to Sue

To the fullest extent permitted by law, on behalf of myself, my spouse, heirs, representatives, executors, administrators and assigns, I agree to forever RELEASE, INDEMNIFY, HOLD HARMLESS and COVENANT NOT TO SUE the University of Oklahoma from any cause of action, claim, or demand, including one related to bodily injury, property damage, death or accident arising out of or related to my participation in the Activity.

I hereby release F45 Training its related body corporates and affiliates, their officers, agents and employees (the "**RELEASED PARTIES**") from any claims, demands, and causes of action as a result of my voluntary participation in all F45 programs to the fullest extent permitted by law.

I assure the University of Oklahoma that I have adequate health insurance to provide for any medical needs or costs that may result from my participation in the Activity.

My signature below indicates that I have read, understood, and freely signed this agreement, which shall take effect as a sealed instrument. I further certify that my date of birth is _____ (month/day/year), and that my present age is _____, and that I am otherwise legally competent to sign this agreement.

This agreement shall be construed and enforced in accordance with the laws of the State of Oklahoma, and I consent to the jurisdiction of this state. I expressly agree that this waiver and release is intended to be as broad and inclusive as permitted and that if any portion is held invalid, the remainder shall continue in full legal force and effect.

Fitness and Recreation Locker Waiver

By voluntarily placing my personal items in the University of Oklahoma lockers at the Sarkeys Fitness Center and/or Murray Case Sells Swim Complex, I understand, recognize and agree that the University shall not be responsible for any of my items which are lost, stolen or damaged. Further, I understand all items must be removed from my locker immediately upon the end of my contract or my locker will be cleared of my belongings. My belongings will then enter the University property disposal system. I agree not to store any illegal or prohibited items. I understand that this facility is subject to search and this serves as my consent to such search. I understand that the searched items may be confiscated by the University and/or law enforcement officials.

Get Active Questionnaire

It is recommended that prior to beginning an exercise program, annually, or as your health status changes, to take a health and fitness self-assessment to determine if a doctor should be consulted to discuss your risk factors. A Get Active Questionnaire is available at the front desks of the Sarkeys Fitness Center and Murray Case Sells Swim Complex to assist with this process.

My signature below indicates I am at least 18 years of age and I have read, understand, and freely signed this agreement.

* * * * * **IMPORTANT - READ ENTIRE AGREEMENT BEFORE SIGNING** * * * * *

Printed Name _____

If Participant is under the age of 18

Signature _____

Parent's Printed Name _____

Date _____

Parent's Signature _____

Address _____

Parent's Address _____

Phones _____

Parent's Phone(s) _____

Guest Waiver Sponsor Information

Name- Print Clearly _____

ID# _____