

WASHINGTON STATE UNIVERSITY STUDENT RECREATION CENTER
ASSUMPTION OF RISK AND RELEASE OF LIABILITY

PLEASE READ BEFORE SIGNING!

Assumption of Risk

In consideration for being allowed to utilize the programs, services, facilities and equipment available in the Washington State University Student Recreation Center (hereafter referred to as SRC) and on the grounds surrounding it, **I voluntarily agree to assume all risks involved in participating in or using the programs, services, facilities and equipment of the SRC.** I understand that supervision by Washington State University staff may not be provided and by participating in or using the programs, services, facilities and equipment of the SRC, **I expose myself to the risk of injuries including but not limited to temporary or permanent muscle soreness, sprains, strains, cuts, abrasions, bruises, ligament and/or cartilage damage, head, neck or spinal injuries, loss of use of arms and/or legs, eye damage, disfigurement, drowning or death.** I also recognize that there are both foreseeable and unforeseeable risks of injury or death that may occur as a result of my participation in or use of the programs, services facilities and equipment of the SRC that cannot be specifically listed. Further, I recognize that the actions of other users of the Center may cause harm or loss to my person or property.

Release of Liability

I release the State of Washington, the Regents of Washington State University, Washington State University, the University Recreation Department, and the employees, agents or representatives of Washington State University (hereafter referred to as the UNIVERSITY GROUP) from any and all liability, claims, costs, expenses, injuries or losses including those resulting from acts of negligence by the UNIVERSITY GROUP that I may otherwise sustain as a result of my participation in or using the programs, services, facilities and equipment of the SRC. I also release the UNIVERSITY GROUP from loss or damage to my person or property caused by other users of the Center.

If any part or portion of this Assumption of Risk and Release of Liability is determined to be invalid or unenforceable, the remaining parts or portions shall be enforceable.

I have carefully read this Assumption of Risk and Release of Liability and fully understand its contents. I am aware that this Assumption of Risk and Release of Liability is a contract between the UNIVERSITY GROUP and myself and I sign it of my own free will.

Signature: _____ Date: _____

THIS DOCUMENT WILL BE CONSIDERED EFFECTIVE FROM THIS DATE FORWARD.

Name(please print): _____

Signature of the Witness to the Signing of this Document: _____

Witness Name (please print) _____

NOTE: We strongly encourage you to consult with a physician before participating in any physical activity to determine any potential conditions that may adversely affect your participation. We encourage those with pre-existing conditions to wear a medical alert bracelet or neck tag indicating the appropriate medical information. We strongly recommend that all participants have a medical insurance policy, either through university offered programs or through an outside agency that will cover injuries or illness that may occur due to participation in or use of Student Recreation Center programs, services, facilities and equipment.

If you have any questions regarding the language or details of this document prior to signing, please contact Jeff Elbracht at 509-335-9668—SRC Room 155, WSU.