



Madison Healthplex Performance Training Center and Aquatics Facility

WAIVER OF LIABILITIES

The undersigned desires to voluntarily utilize the service and, if applicable, facilities, equipment and programs provided by the Madison Healthplex Performance Training Center for the purpose of personal fitness, recreation, or fitness evaluation. As consideration for the right and privilege of being permitted access to, and use of, services or programs offered by Madison Healthplex Performance Training Center, and if applicable, facilities and equipment, the undersigned does hereby release Madison Healthplex Performance Training Center, its officers, directors, agents and employees from all liability of any kind whatsoever arising out of any physical or mental injury incurred or sustained by the undersigned while voluntarily preparing to use, using or cleaning up after using, any of the fitness or performance programs, recreational or evaluation services and, if applicable, facilities and equipment provided by the Madison Healthplex Performance Training Center. The undersigned acknowledges and affirms that he or she has carefully read this release and has asked and obtained satisfactory explanation of any part that he or she does not understand. Furthermore, the undersigned acknowledges that he or she is fully aware that there may be a risk for certain individuals participating in activities involving physical exertion or exposure to heat or steam. The undersigned acknowledges that he or she has obtained independent medical approval, or waives the right to do so, to use the services or programs and if applicable, facilities and equipment provided by the Madison Healthplex Performance Training Center for the undersigned's participation in activities involving physical exertion and that he or she has made the Center's directors, officers, agents, and employees aware, in writing, of any limitations suggested by his or her physicians.

I, the undersigned, have read and understand the Rules and Regulations and Waiver of Liabilities as set forth herein and do acknowledge this and agree to abide by the same.

DATE: _____

PARTICIPANT NAME (Please Print) : _____

PARTICIPANT SIGNATURE: _____

If Applicable:

PARENT/GUARDIAN NAME (Please Print) : _____

PARENT/GUARDIAN SIGNATURE: _____