

WASHINGTON UNIVERSITY IN ST. LOUIS - Office of Recreation
STATEMENT OF PERSONAL RESPONSIBILITY & RELEASE
(for participants under the age of 18)

1. I certify and agree that my child _____ (*Please print first AND last name*) has my/our permission to participate in the informal fitness and recreation activities (the "Activities") held at the South 40 Fitness Center of Washington University in St. Louis (the "University") on _____ (*Insert Dates*).

2. I understand the nature of the Activities and my child's experience and capabilities and consider my child to be qualified to participate in the Event. I understand that participation in the Activities may be physically demanding and involve strenuous physical activity, including but not limited to muscle strength and endurance training, aerobic exercise, cardiovascular conditioning and training and other various fitness activities. I state that there are no problems that preclude or restrict my child's ability to participate safely in the Activities. I understand that there will be a number of children participating in the Activities and my child cannot receive individualized attention and supervision all of the time. I appreciate the dangers, hazards and risks inherent to the Activities, including but not limited to significant physical activity and exertion, all of which could involve serious or even fatal injuries. Such injuries and/or death may result not only from my child's action, inaction or negligence but also the action, inaction, or negligence of others.

3. In consideration for my child's participation and on behalf of myself, my/our family, heirs, and personal representative(s), I agree to assume all the risks and responsibilities surrounding my child's participation in the Activities and, in advance, release, waive, forever discharge, and covenant not to sue the University, its governing board, officers, agents, employees, students, and volunteers (collectively, the "Releasees") from and against any and all liability for any harm, damage, claim, demand, action, cause of action, cost or expense of any nature that my child may have or that may hereafter accrue to my child, arising out of or related to any loss, damage or injury, including but not limited to physical injury, suffering or death, that may be sustained by my child or by any property belonging to my child, whether caused by the negligence or carelessness of the Releasees with regard to the Activities. This waiver does not pertain to incidents involving gross negligence or willful misconduct by the University and/or its agents. I further agree to save and hold harmless, indemnify, and defend Releasees from any claim arising out of my child's participation in the Activities.

4. I also give permission and authorize and administer any medical treatment by a staff member or healthcare professional for my child, including emergency medical transportation, which may be required for injuries sustained by my child. I am responsible for any medical bill incurred as a result of any personal illness or injury to my child, even if a Releasee has signed hospital documentation promising to pay for the treatment.

5. I warrant that I am at least eighteen (18) years of age and fully competent to sign this Release; that I understand the terms contained herein are contractual and not a mere recital; that I have read this Release with full knowledge of its significance; and that I have signed this Release as my own free act; that this Release shall be construed in accordance with the laws of the State of Missouri. If any term provision of this Release shall be held unenforceable, illegal, or in conflict with any governing law, the validity of the remaining portions shall not otherwise be affected.

THIS IS A RELEASE OF LEGAL RIGHTS.
READ IT AND BE CERTAIN YOU UNDERSTAND IT BEFORE SIGNING.

ACCEPTED AND AGREED :

(Signature of parent/guardian)

(Printed Name of parent/guardian)

(Date) (Phone Number)