

COLLEGE OF DUPAGE

Physical Education and Community Recreation Center

Waiver of Liability

Re: "Jump High Athletic Club" at the COLLEGE OF DUPAGE (COD), Spring/Summer/Fall 2017, various times.

I, _____, ("participant") represent that I am any participant under the age of eighteen (18) years of age MUST have parent's signature below.

I. Voluntary

The PARTICIPANT, voluntarily, knowingly, freely, and without coercion from the COLLEGE OF DUPAGE ("COLLEGE"), its employees or agents, signs this waiver of liability against the COLLEGE for any acts of negligence of any type by the COLLEGE, its employees or agents, or members of the Physical Education Complex.

II. Assumption of Risk

PLEASE NOTE: Prior to using this facility or beginning any physical exercise program with the COLLEGE, you should consult your physician regarding any and all current or potential health risks associated with using the facility's equipment or participating in a facility activity or program.

By signing this document, the PARTICIPANT hereby acknowledges that the COLLEGE has made him or her fully aware of the risks inherent at this facility. The PARTICIPANT understands there is a risk of injury or bodily harm associated with use of the equipment at the facility. The PARTICIPANT fully assumes all risks involved with the use of this facility's equipment including, but not limited to, any injuries, damages, actions, or causes of action whatsoever arising out of or connected with his or her PARTICIPATION at the Physical Education Complex.

The PARTICIPANT, has made the Event Organizer or his or her designee aware of any and all current or potential health factors which may impact his or her ability to participate in physical activity, including but not limited to:

- | | | |
|--------------------------------|---------------------------|---|
| 1. Previous injuries | 5. High blood pressure | 9. Diabetes |
| 2. Major surgeries | 6. Bone or joint problems | 10. Current medication |
| 3. Heart problems or condition | 7. Arthritis | 11. Other reasons to avoid strenuous exercise |
| 4. Frequent chest pains | 8. Asthma | |

The FAMILY certifies that he or she is in good physical condition and has disclosed any and all health conditions/problems to the COLLEGE. The PARTICIPANT understands the risks of physical injury which are inherent in using the facility's equipment or participating in a facility activity. The COLLEGE, when requested can explain those risks to the FAMILY, and he or she acknowledges and voluntarily accepts responsibility for any injuries or health related problems incurred from use of the facility's equipment or participation in any facility activity.

III. Limitations of Liability

The PARTICIPANT hereby agrees that they will save and hold harmless the COLLEGE for any and all claims, demands, injuries, damages, actions, or causes of action whatsoever to the PARTICIPANT or his or her property arising out of or connected with the use of this facility's equipment, whether supervised or unsupervised at the time. The PARTICIPANT, hereby expressly forever releases the COLLEGE from all such claims, demands, injuries, damages, actions, or causes of action, and from all acts of active or passive negligence on the part of the COLLEGE, its employees or agents, or members, or participants.

My signature on this page represents that I understand this to be a waiver of my rights to make a claim or claims against the COLLEGE OF DUPAGE, that I have read this document, and I agree to its contents.

PARTICIPANT Name: _____ Date: _____

PARTICIPANT Signature: _____ Date: _____

PARENT'S SIGNATURE: _____ Date: _____