

**AMERICAN UNIVERSITY**  
**SPORTS CENTER AND JACOBS FITNESS CENTER**  
**AGREEMENT AND RELEASE OF LIABILITY**

1. In consideration of becoming a member or being allowed to participate in the activities and programs of the American University Sports Center and the Jacobs Fitness Center (hereafter Sports Center) and to use its facilities and equipment, in addition to the payment of any fee, I do hereby for myself, my heirs, executors and administrators, waive, release, and forever discharge American University, its' employees and agents, from any responsibilities or liability for injuries or damages resulting from my participation in activities or use of equipment in the Sports Center. I do also hereby release all of those mentioned, from any responsibility or liability for any injury, including those caused by a negligent act or omission, of any of those mentioned or others acting on their behalf, arising out of or connected with my participation in any activities or the use of any equipment or facilities at the Sports Center. (Please initial \_\_\_\_\_ )

2. I understand and am aware that strength, flexibility and aerobic exercises, including the use of exercise equipment and any Sports Center facility, are potentially hazardous activities. I also understand that physical fitness activities involve a risk up to and including death and that I am voluntarily participating in these activities and using equipment and facilities with knowledge of the dangers involved. I hereby agree to expressly assume and accept any and all risk of injury and/or death. (Please initial\_\_\_\_\_ )

3. I do hereby further declare myself to be physically sound and suffering from no condition, impairment, disease, infirmity, or other illness that would prevent my participation in any of the activities and programs of the Sports Center or use of equipment or facilities. I acknowledge that I have either had a physical examination and have been given my physician's permission to participate, or that I have decided to participate in activity and/or use of equipment and facilities without the approval of my physician and do hereby assume all responsibility for my participation in activities, and utilization of equipment and facilities. (Please initial \_\_\_\_\_ )

4. I hereby consent to and permit emergency treatment in the event of illness or injury while participating in the activities and programs of the Sports Center facilities. (Please initial \_\_\_\_\_ )

I have read and understand the above provisions and agree to be bound by them, as indicated by my signature below.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Parent or Guardian Signature (if participant under 18)

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

I will be at American University during the following dates \_\_\_\_\_

NOTE: All Sports Center users must read and sign this form. Individuals ages 14-17 must also have a legal guardian read and sign. Children under 14 are not eligible to utilize these facilities. Signed forms must be returned to the residence hall front desk or to the residence hall staff prior to using the gym facilities.