

EMU Fitness Center: Agreement to Participate (under age 18)

In agreeing to use Fitness Center equipment at Eastern Mennonite University, I fully understand and acknowledge that recreational and fitness activities have (a) inherent risks, dangers, and hazards and such exists in my use of any equipment and my participation in these activities; (b) my participation in such activities and/or use of such equipment may result in injury or illness including, but not limited to bodily injury, disease, strains, fractures, partial and/or total paralysis, death or other ailments that, could cause serious disability;

I acknowledge the need to follow instructions, to obey fitness center monitors, and to learn thoroughly the practices and precautions of the various activities, and to participate in holding other participants accountable to those practices. My signature below indicates my understanding of the inherent risks in this experience, and my continued willingness to participate.

Participant's Name _____ DOB _____
Address _____ Ph. No. _____
Participant's Signature _____ Date _____
Parent's Signature _____ Date _____

EMU Indoor Climbing: Agreement to Participate (under age 18)

In agreeing to participate in indoor climbing at Eastern Mennonite University, I acknowledge that certain injuries are possible. These include but are not limited to:

- Minor or major bone fracture Rope burn
- Scrapes, abrasions, lacerations Head or body bumps, bruises
- Muscle, tendon, or ligament strains or sprains

These might be caused by:

- Slips, falls, and other gravity-related mishaps Equipment failure
- Overstraining, or exceeding physical limitations Human error (belayer, climber)
- Disregard for guidelines, rules, and standard practice Ignorance or inattention
- Environmental hazard (splinters, chalk dust, etc.)

I acknowledge the need to follow instructions, to obey rules, to learn thoroughly the practices and precautions of the various activities, and to participate in holding other participants accountable to those practices. My signature below indicates my understanding of the inherent risks in this experience, and my continued willingness to participate.

Participant's Name _____ DOB _____
Address _____ Ph. No. _____
Participant's Signature _____ Date _____
Parent's Signature _____ Date _____