



WAIVER AND RELEASE OF LIABILITY

In consideration of gaining membership or being allowed to participate in the activities and programs of the UNC Hospital's Wellness Center at Meadowmont and to use its facilities, equipment, and machinery, I do waive, release, and forever discharge The UNC Hospital's Wellness Center at Meadowmont and its officers, agents, employees, representatives, executors, and all others from any and all responsibilities and liability for injuries or damages resulting from my participation in any activities or use of equipment or machinery in the above-mentioned facilities or arising out of my participation in any activities at said facility.

I understand and am aware that strength training, flexibility, and aerobic exercise, including the use of equipment, are a potentially hazardous activity. I also understand that fitness activities involve a risk of injury and that I am voluntarily participating in these activities and using equipment and machinery with knowledge of the risks involved. I hereby agree to expressly assume and accept any and all risks of injury resulting from use of equipment and/or from fitness activities.

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 UNC Hospital's Wellness Center at Meadowmont or use of equipment or machinery that I select. I do hereby acknowledge that I have been informed of the need for a physician's approval of my participation in an exercise/fitness activity or in the use of exercise equipment and machinery. 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 machinery without the approval of my physician. I hereby assume all responsibility for my participation and activities and utilization of equipment and machinery in my activities.

In the event of my inability to give consent, I do hereby authorize such first aid and/or medical and/or hospital care or treatment as deemed appropriate to treat any injury, which may occur as a result of my participation in the activities and programs of The UNC Hospital's Wellness Center at Meadowmont.

I have had an opportunity to ask questions. Any questions I have asked have been answered to my complete satisfaction. I understand the risks of my participation in The UNC Hospital's Wellness Center at Meadowmont and I voluntarily choose to participate, assuming all risks of injury due to my participation.

Print Name

Signature of Staff Person

Sign Name

Date