



SPELMAN COLLEGE SUMMER PROGRAMS - PRE-ARRIVAL

**RELEASE WAIVER OF LIABILITY AND CONVENANT NOT TO SUE
Spelman College Campus Wellness Center**

PLEASE PRINT - Student Name _____

Student I.D. (900) #: _____

CHECK ONE: **CPI 1** **CPI 2** **ECP**

Participating in physical/recreational activities and special fitness programs (the "Activities") at Spelman College Campus Wellness may involve substantial risks of bodily injury and other dangers associated with participation in the Activities. Risks include, without limitation, broken bones, strains, sprains, abrasions, lacerations, concussions, heart attacks, and perhaps even death.

I acknowledge and understand the risks inherent in participating in the Activities. I also understand that I should participate only in those Activities for which I have the prerequisite skills, qualifications, and training, and that are appropriate based upon my medical/health history. I understand that I should consult my own personal physician if I have any questions about whether my participation in the Activities is appropriate. I understand that I am solely responsible for the payment of any costs related to injury or illness sustained through or related to my participation in the Activities, or related to the loss or damage of personal property while participating in the Activities.

I voluntarily and expressly accept and assume all risks, hazards, and dangers inherent in participating in the Activities.

I hereby agree, for myself and on behalf of my successors, heirs, and assigns, that for the sole consideration of Spelman College making available certain equipment, facilities, and/or personnel of the university and allowing me to participate in the Activities, I hereby waive any and all claims and release and forever discharge Spelman College from any and all actions, claims, damages, judgments, demands, rights, and causes of action of whatever kind or nature, arising out of all known and unknown, foreseen and unforeseen bodily and personal injuries or damage to property arising out of or related to my voluntary participation in the Activities. I further agree that for the sole consideration stated above I will not sue Spelman College or their directors, trustees, officers, agents or employees for any claim for damages arising out of or related to my voluntary participation in the Activities.

This Assumption of Risk and Release/Waiver of Claims shall remain in effect for as long as I am a participant in the Activities offered by Campus Wellness. Further, I understand that, if I am an employee or student at Spelman College, this Assumption of Risk and Release/Waiver of Claims shall be effective during the entire period of my enrollment or employment. Should my health change, I understand it is my responsibility to notify Campus Wellness staff of these changes, and that I may be asked to present a physician's release in order to return to participating in activities within the center.

(Required for students under 18 years old)

Student Signature: _____

Please Print - Parent or Guardian Name _____

Parent or Guardian Signature: _____ Date: _____