



# DEPARTMENT OF Wellness and Sport

## Guest Form

Date

Print Guest Name: (Photo ID Required)  D.O.B.

Address  City  State  Zip

Driver's License State and #

Signature of Guest

### WAIVER OF LIABILITY, RELEASE AND ASSUMPTION OF RISK, AUTHORIZATION, AND CONDUCT AGREEMENT

In consideration of permission to use the facilities and equipment and avail myself of staff and services at the University of Central Oklahoma Wellness Center (the "Center") I hereby: (i) release, discharge and covenant not to sue the Board of Regents of Oklahoma Colleges, the University of Central Oklahoma (UCO), and their regents, officers, employees and agents from any and all claims and liabilities for personal injury, accidents or illness (including death), and property loss resulting from or arising out of any activities or observation or use of any equipment, facilities or premises at or adjacent to the Center; (ii) assume all risks, inherent or otherwise, relating to the use of any equipment, facilities or premises and participation in or observation of in any activities whether or not they are organized or scheduled activities, recognizing that such use, observation or participation may involve risks ranging from minor injuries, accidents or illness to major injuries, either physical or psychological, to catastrophic injuries resulting in death; (iii) acknowledge that UCO does not require a medical exam or certification of physical ability as a condition to the use of the facility or any program or activity at the Center, and that I am responsible for all decisions relating to the use of the facility; (iv) acknowledge that it is my responsibility to consult my personal physician before using the facility and periodically thereafter; (v) represent that I do not have any physical, psychological or other condition or limitation that might make my use of the Center or any program or activity at the Center potentially dangerous or harmful to me or others.

I further expressly agree that this Waiver of Liability, Release and Assumption of Risk is intended to be as broad and inclusive as is permitted by the laws of the State of Oklahoma, and that if any portion of it is held invalid, that the balance shall, notwithstanding, continue in full legal force and effect.

I hereby authorize the UCO Wellness Center to take and use photographs and video recordings. I understand that their use may be used internally by UCO; used for commercial reproduction, advertising, news, marketing, and promotional materials for UCO; and streaming in digital format on the Internet.

**I have read this Waiver of Liability, Release and Assumption of Risk, and Conduct Agreement and fully understand its terms, and understand that I am giving up substantial rights, including the right to sue. I acknowledge that I am signing this document freely and voluntarily, and intend by my signature to be and grant a complete and unconditional release of all liability to the greatest extent allowed by law. I further acknowledge and agree to abide by the rules and regulations of the Wellness Center.**

Print Sponsor's Name  UCO ID#

WC Staff name:  Cash/Credit/Check (please circle one)