

UNIVERSITY OF DELAWARE  
RECREATION SERVICES  
RELEASE AND ASSUMPTION OF RISK

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Email Address: \_\_\_\_\_ University ID# (if applicable) \_\_\_\_\_

**I do hereby waive, release and forever discharge the University of Delaware, its Trustees, employees and agents** from any and all responsibilities or liability for injuries or damages resulting from my participation in any activities at University of Delaware recreation facilities (including Carpenter Sports Building, Independence Fitness Center, Harrington Fitness Center, and all outdoor venues). That includes those caused by or in any way arising out of or connected to my participation in any physical activity (including *but not limited to*: fitness classes, golf, rock wall climbing, swimming, basketball, cardiovascular exercise, and weight lifting) or the use of any equipment with university recreation facilities.

**I understand and am aware that strength, flexibility and cardiovascular exercise, including the use of equipment, are potentially hazardous activities.** I also understand that these activities involve a risk of injury, and even death, and that I am **voluntarily** participating in these activities and using equipment with knowledge of the dangers involved. By signing below I certify that I am 18 years of age and **I agree to expressly assume and accept any and all risks of injury or death.** *(Note: If user is not 18 years old, they must obtain the signature of their legal guardian or parent).*

\_\_\_\_\_  
**Signature of Participate**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Signature of Parent/Legal Guardian**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Print Name of Parent/Legal Guardian**