



Fitness Center Liability Waiver

Required waiver for Fitness Center and all outdoor fitness areas on campus

Last name: _____ First legal name: _____

Maiden name: _____ Middle name: _____

Mailing Address: _____

City: _____ State: _____ Zip code: _____

Phone number: _____

OUHSC or OU email address: _____

Circle One: Student Faculty/Staff Resident Adjunct Fac. BP-Amoco

Facility users must use their own ID card to enter the Fitness Center facility.
This card should **NOT** be shared with other students, faculty, or staff to gain facility access.
In the event it is determined that improper access was given to other individuals,
your access rights could be terminated.

Facility policies are posted within the Fitness Center and must be observed at all times.

I hereby release and disclaim any claims or causes of action that I may have against the Board of Regents of the University of Oklahoma, its agents and employees as a result of my use of the fitness center located within the Schusterman Academic Center, the basketball court, disc golf course, volleyball court or the soccer field (the "Fitness Center"). I hereby acknowledge that I am voluntarily utilizing the Fitness Center facilities in my individual capacity, and not as an employee or agent of the University. I understand that by allowing me to use the Fitness Center, the University is not making a medical judgment about my physical ability to participate in Fitness Center activities. I also acknowledge that I should consult my personal doctor to discuss questions of appropriate participation level and understand that the use of the University fitness facilities is optional. Furthermore, I acknowledge that if I have any questions in the future concerning the use of the fitness center, I can contact the Office of Student Affairs at (918) 660-3100.

Signature: _____ Date: _____