

UCN Recreation

Weight Room Membership

2018-2019

Last name	
First Name	
Program	
Contact Phone	
Email Address	
Amount Paid	\$

Contract

Users must agree to the following terms:

1. Follow the policies of UCN Recreation
2. Not share the code with others
3. Clean equipment after using
4. Wear clean indoor footwear
5. Return equipment/plates back to their proper place
6. No stereos or loud music at any time
7. Turn off electrical equipment such as fans, tv
8. Share equipment with other users
9. Register in and out each visit

I understand that failure to abide by these terms will result in the loss of my membership privileges.

Signature	
Date	
Witness/Date	

All users must have a valid and current membership. No exceptions.
This area is under 24 hour video surveillance.

Weight Room & Cardio Room Training Facility

University College of the North

Waiver & Release

2018-2019

I know that participating in the gymnasium facility, weight room, physical fitness equipment has potential hazards, and that I should not enter and participate unless I am medically able and capable. I realize that physical fitness training, and weight training is physically strenuous and participants may suffer injuries. I nevertheless wish to participate and assume all risks associated with so doing.

Knowing and foregoing and in consideration of your accepting my application to become a member of the University College of the North gymnasium and weight training facility, I hereby for myself and for anyone else who may claim on my behalf, agree not to sue and do waive, release and discharge, University College of the North and all persons and facilities involved in its operations, whether volunteer or otherwise and anyone acting on their behalf (hereon called Staff) from any and all claims, demands, causes of action, damages or injuries whether caused by the gross or ordinary negligence of the Staff or by any other cause, which may arise out of my said participation.

As part of this waiver and release, I acknowledge that I have read, considered and understand all of the above.

Participants Name: _____

Program/Course: _____

Signature: _____

Date: _____

Witness: _____