



INFORMED CONSENT AND WAIVER OF CLAIM FORM

I would like to use the facilities and equipment at the Boston University Student Athlete Varsity Weight Room. I am aware that using exercise and weight lifting equipment can be a dangerous activity involving many RISKS OF INJURY. I understand that the dangers and risks of working out with exercise and weight lifting equipment include, but are not limited to death, serious neck and spinal injuries which may result in complete or partial paralysis, brain damage, serious injury to virtually all internal organs, serious injury to virtually all bones, joints, ligaments, muscles, tendons, and aspects of the muscular system, and serious injury or impairment to other aspects of my body, general health, and well being. I understand that the dangers and risks of participating in a workout with exercise and weight lifting equipment may result not only in serious injury, but in a serious impairment of my future abilities to earn a living, engage in other business, social and recreational activities, and generally enjoy life.

Because of the dangers of working out with exercise equipment and weight lifting equipment, I recognize the importance of following instructions regarding proper use of the equipment, appropriate training and other rules, etc., and to agree to obey such instructions.

In consideration of being presented this opportunity to use the facilities at the Boston University Student Athlete Varsity Weight Room and in acknowledging that I am aware of and willing to assume the risks associated with use of exercise and weightlifting equipment, I hereby voluntarily agree to waive, hold harmless and indemnify the Trustees of Boston University and its trustees, agents, volunteers and employees and Game Fit Performance Training, LLC from any and all claims, demands, damages and causes of action of any nature whatsoever arising out of ordinary negligence which I, my heirs, my assigns or successors may have against them for, on account of, or by reason of my voluntary use of the weight lifting equipment and facilities at Boston University. I understand the content of this document, and I execute this INFORMED CONSENT AND WAIVER OF CLAIM FORM of my own free will and accord.

NAME (Print): _____

DATE: _____ SIGNATURE: _____

PARENT OR GUARDIAN SIGNATURE: _____
(If under 18 years of age)