

STUDENT ID _____



WVC STUDENT RECREATION CENTER FACILITY WAIVER & RELEASE OF LIABILITY FORM

USE AGREEMENT

In consideration for being allowed to utilize the Student Recreation Center (SRC) at Wenatchee Valley College, I voluntarily agree to assume all risks involved in using the programs, services, facilities, and equipment of the SRC. I agree to conduct myself in accordance with WVC's Rules of Conduct and will follow directives of staff in the SRC.

ASSUMPTION OF RISK

I understand that direct supervision by Wenatchee Valley College staff may not be provided and by using the programs, services, and facilities of the SRC, I expose myself to risk of injuries including, but not limited to: temporary or permanent muscle soreness, sprains, strains, cuts, abrasions, bruises, ligament and/or cartilage damage, head, neck or spinal injuries, loss of use of arms and/or legs, eye damage, disfigurement, drowning or death. I also recognize that there are both foreseeable and unforeseeable risks of injury or death that occur as a result of my use of the programs, services, facilities, and equipment of the SRC that cannot be specifically listed. Further, I recognize that the actions of other users of the SRC may cause harm or loss to my person or property.

RELEASE OF LIABILITY

I release the state of Washington, the trustees of Wenatchee Valley College, Wenatchee Valley College, and the employees, agents, or representatives of Wenatchee Valley College (hereafter referred to as the WENATCHEE VALLEY COLLEGE GROUP) from any and all liability, claims, costs, expenses, injuries, or losses including those resulting from acts of negligence by the WENATCHEE VALLEY COLLEGE GROUP that I may otherwise sustain as a result of my use of SRC services, facilities, and equipment. I also release the WENATCHEE VALLEY COLLEGE GROUP from loss or damage to my person or property caused by other users of the SRC.

If any part or portion of this Assumption of Risk and Release of Liability is determined to be invalid or unenforceable, the remaining parts or portions shall be enforceable. I have carefully read this Assumption of Risk and Release of Liability and fully understand its contents.

Name: _____ Date: _____

Signature: _____

Emergency contact: _____ Phone: _____

IF GUEST & UNDER THE AGE OF 18, SIGNATURE OF A PARENT/GUARDIAN IS REQUIRED BELOW:

Parent/Guardian Name: _____ Date: _____

Parent/Guardian Signature: _____

Guest Name: _____ Guest of (WVC student/staff) _____

Note: We strongly encourage you to consult with a physician before participating in any physical activity to determine any potential conditions that may adversely affect your participation. We encourage those with pre-existing conditions to wear a medical alert bracelet or neck tag indicating the appropriate medical information. We strongly recommend that all SRC users have a medical insurance policy that will cover injuries or illnesses that may occur due to use of the SRC programs, services, facilities, and equipment.