

ROSE-HULMAN INSTITUTE OF TECHNOLOGY

5500 Wabash Ave CM #37
Terre Haute, Indiana 47803

Sports and Recreation Facilities

(812) 877-8031 Phone
(812) 877-8969 Fax



RELEASE OF LIABILITY

I, THE UNDERSIGNED, HEREBY EXPRESSINGLY AND AFFIRMATIVELY STATE THAT PARTICIPATE IN ACTIVITIES OR USING THE RECREATION FACILITIES KNOWN AS AND REFERED TO AS THE SPORTS AND RECREATION CENTER (SRC) AT ROSE-HULMAN INSTITUTE OF TECHNOLOGY (RHIT) CAN INHERANTLY BE DANGEROUS TO MY HEALTH.

I REALIZE PARTICIPATION IN RECREATION ACTIVITIES OR EXERCISE INVOLVES RISK OF INJURY AND EVEN THE POSSIBILITY OF DEATH. I ALSO RECONGNIZE THERE ARE MANY OTHER RISKS THAT MAY ARISE DUE TO MY PARTICIPATION AND THAT IT IS NOT POSSIBLE TO SPECIFICALLY LIST EACH INDIVIDUAL INJURY RISK. HOWEVER, KNOWING THE MATERIAL RISKS AND APPRECIATING, KNOWING, AND REASONABLY ANTICIPATING THAT OTHER INJURIES AND EVEN DEATH ARE A POSSIBILITY, I HEREBY EXPRESSLY ASSUME ALL OF THE LISTED RISKS OF INJURY AND OTHER POSSIBLE RISKS OF INJURY NOT LISTED, WHICH MAY OCCUR DUE TO PARTICIPATION.

I HAVE HAD THE OPPORTUNITY TO ASK QUESTIONS. ANY QUESTIONS I HAVE ASKED HAS BEEN ANSWERED TO MY COMPLETE SATISFACTION. I SUBJECTIVELY UNDERSTAND THE RISKS OF PARTICIPATING AND APPRECIATING THESE RISKS VOLUNTARILY ASSUME ALL RISKS OF INJURY WHILE USING THE SRC OR OTHER RECREATION FACILITIES AT ROSE-HULMAN INSTITUTE OF TECHNOLOGY.

I RELEASE AND HOLD HARMLESS RHIT IT'S TRUSTEES, OFFICERS, DIRECTORS AND EMPLOYEES FROM ANY LOSS OR INJURIES INCLUDING DEATH FROM MY PARTICIPATION IN RECREATION ACTIVITIES OR EXERCISE WHILE USING THE SRC OR OTHER RECREATION FACILITIES ON THE CAMPUS OF ROSE-HULMAN.

SIGNATURE

DATE

Signature of Legal Guardian if under 18

DATE