



Wellness Center
Daily Guest Pass Agreement

Date: _____

- Valid Government or State issued picture ID is required for entry.
- Only three (3) Guests per Sponsoring Member
- Sponsoring Member must initially enter with guest
- Sponsoring Member must be 19 years of age or older
- Guest must be 16 years of age or older
- \$10.00 payment provides for visit for the day
- No Non-AUM Personal Trainers may enter using Guest Pass

SPONSORING MEMBER'S INFORMATION (Please Print)

Name: _____
 First MI Last

Warhawk ID#: _____

GUEST'S INFORMATION

Name: _____
 First MI Last

ID# _____ Issuing State/Dept. (Military) _____

Birthdate: _____

Mailing Address: _____

City: _____ ST: _____ Zip: _____

Phone #: _____

Vehicle Registration Information

Year: _____

Make: _____ Model: _____

Color: _____ License Plate#: _____

**WAIVER OF LIABILITY,
ASSUMPTION OF RISK,
AND INDEMNITY AGREEMENT**

Waiver: In consideration of permission to use, today and on all future dates, the property, facilities, staff, equipment and services of the Wellness Center at Auburn University at Montgomery, I, for myself, my heirs, personal representatives or assigns, do hereby release, waive, discharge, and covenant not to sue Auburn University at Montgomery, its officers, employees, and agents from liability from any and all claims including the negligence of Auburn University at Montgomery Wellness Center resulting in personal injury, accidents or illnesses (including death), and property loss arising from, but not limited to, participation in activities, classes, observations, and use of facilities, premises, or equipment.

Assumption of Risk: Physical activity, by its very nature, carries with it certain inherent risks that cannot be eliminated regardless of the care taken to avoid injuries. The Wellness Center at Auburn University at Montgomery has facilities for and provides for activities such as weightlifting, running, aerobic activities, classes and sporting activities. Some of these involve strenuous exertions of strength using various muscle groups, some involve quick movements involving speed and change of direction, and others involve sustained physical activity, which places stress on the cardiovascular system. The specific risks vary from one activity to another, but the risks range from minor injuries such as scratches bruises, and sprains to major injuries such as eye injury or loss of sight, joint or back injuries, heart attacks, and concussions to catastrophic injuries including paralysis and death.

I have read the previous paragraphs and I know, understand, and appreciate these and other risks that are inherent in the activities made possible by the Wellness Center at Auburn University at Montgomery. I hereby assert that my participation is voluntary and that I knowingly assume such risks.

Indemnification and Hold Harmless: I also agree to indemnify and hold Auburn University at Montgomery harmless from any and all claims, actions, suits, procedures, costs, expenses, damages and liabilities, including attorney's fees arising or resulting from my involvement at Auburn University at Montgomery and to reimburse them for any such expense incurred.

Severability: The undersigned further expressly agrees that the foregoing waiver and assumption of risks agreement is intended to be as broad and inclusive as is permitted by law of the State of Alabama and that if any portion hereof is held invalid, I agree that the balance shall, notwithstanding, continue in full legal force and effect.

Acknowledgement of Understanding: I have read this waiver of liability, assumption of risk, indemnity agreement, and locker agreement (if applicable); fully understand its terms, and understand that I am giving up substantial rights, including my right to sue. I acknowledge that I am signing the agreement freely and voluntarily, and intend my signature to be a complete and unconditional release of all liability to the greatest extent allowed by law.

I also agree to abide by all policies developed by the Wellness Center at Auburn University at Montgomery. Failure to do so may result in termination of guest privileges.

Guest's Signature: _____ Date: _____