

GUEST PASS WAIVER AND RELEASE OF LIABILITY
UNIVERSITY OF KANSAS
RECREATION SERVICES

ACTIVITY: Recreation Services Membership, Summer Department/Camp Worker

LOCATION: Ambler Student Recreation Fitness Center

ACCESS FEE: \$5.00 per week (non KU college student, REQUIRES college Student ID);
\$10.00 per week (non student) + \$1 ID Card (one time)

THIS FORM MUST BE SIGNED PRIOR TO PARTICIPATION IN THIS ACTIVITY

I wish to participate in physical activities and/or exercises within the Ambler Student Recreation Fitness Center (ASRFC). I understand that I do so at my own risk. In exchange for being permitted to participate in physical activities and/or exercises within the ASRFC, I hereby release and waive the University of Kansas, the State of Kansas, the Kansas Board of Regents, Recreation Services, any corporations or entities affiliated with the foregoing, and all employees, officers, agents, representatives and volunteers of the foregoing (“the Released Parties”) from liability for any and all loss, damage, injuries, claims, demands, lawsuits, expenses and any other liability of any kind, of or to me or any other person, directly arising out of or in connection with my participation in or attendance at the ASRFC.

I further agree to hold harmless, indemnify and reimburse the Released Parties from and for any sums, costs, or expenses incurred by any of the Released Parties or paid by them to any person (including me or my insurers) in connection with any accident, loss, damage, or injury sustained by me or others in connection with my attendance at the Student Recreation Fitness Center. This means that I will reimburse the Released Parties if anyone makes a claim against them based on damages or injuries I may suffer.

Participant (bring completed form when purchasing pass)

Name (Please Print)

Signature

Name of Group/Camp

Phone Number

E-Mail Address

Sponsoring Department/Program:

***The sponsoring department/program is responsible for the participant while attending the ASRFC**

Department Chair/Designee (Please Print)

Signature

Campus Phone Number

E-Mail

Effective Dates

Recreation Services Staff Only:

Receipt #: _____ Amount: \$ _____ Date: ____/____/____ Initials: _____