



Northwestern Health
Sciences University

**Northwestern Health Sciences University
Alumni Registration Form**

Name:

Phone Number:

Email Address:

Street Address:

City, State, Zip Code:

Alumni Class Year:

Program You Graduated From:

Birth Date (MM/DD/YYYY):

Emergency Contact Name:

Emergency Contact Phone Number:

By signing this agreement, I acknowledge that I have read and agree to the conditions outlined in the Assumption of Risk and Liability Release Waiver. I also agree to adhere to all University policies, procedures and the directions given by University officials while on campus. I understand Northwestern has the right to revoke my ID card and access privileges at their discretion.

Name (Printed)

Date

Signature

FOR OFFICE USE ONLY:

Approved By: _____

Date Approved: _____

ID Card Issued By: _____

Date Card Issued: _____



Northwestern Health Sciences University Fitness Facilities Assumption of Risk and Liability Release Waiver

By signing this agreement, I agree and acknowledge that some activities involved with use of Northwestern's Fitness Center, pool, and its programs may be of a hazardous nature and include physical and/or strenuous exercise or activity and, understanding this I am aware that participating in these activities involves risks of bodily injury and personal property damage including but not limited to: accident, illness, injury to or death of any person or persons involved. I understand that part of the risk involved in undertaking any activity or program is relative to my own state of fitness or health (physical, mental, or emotional), and to the awareness, care, and skill in which I conduct myself in that activity or program. I acknowledge that physical activity includes but is not limited to stretching, walking, running, lifting, pushing, bending, endurance training, physical contact, jumping, twisting, swimming, personal interaction, and increased heart rate. I may experience potential health risks including but not limited to transient lightheadedness, faintness, abnormal blood pressure, chest discomfort, leg cramps, nausea, sprains, joint problems, fractures, lacerations, and sports related injuries. I acknowledge my obligation to immediately inform the nearest supervising employee of any pain, discomfort, fatigue, injuries or any other symptoms that I may suffer from during or after my participation at the Fitness Center, pool and/or its events.

I also realize that the Fitness Center and pool area may be warmer than usual during the summer months, and I will take the appropriate actions during abnormally hot days which include but are not limited to staying hydrated, monitoring my physical well-being, and participating at a moderate and reasonable level. I state to the best of my knowledge, I have no medical, physical, or mental health conditions, which would hinder or prevent my active participation in any physical or sports activity.

I represent that I am in good health, physical condition, and physical well-being. I also agree and acknowledge that Northwestern does not provide lifeguards in the pool area and that I will adhere to the posted use guidelines and use the pool at my own risk. I hereby assume full responsibility for all risk of injury or loss which may result from my participation in this activity and hereby agree to release Northwestern Health Sciences University, the Fitness Center, its officials and employees from any and all liability arising out of or related to any of the Fitness Center's programs or activities in the building. I also agree to hold harmless Northwestern Health Sciences University, the Fitness Center, its officials and employees from any claims and demands which the undersigned or any third person, and the representatives thereof for injuries or losses arising directly or indirectly from my own assumption of risk for participation and/or any negligent behavior committed on my behalf. The terms of this release will serve as a release and assumption of risk for my heirs, executors, and administrators and for all of my family members.

Name (Printed)

Date

Signature