

Group Fitness Waiver- 18 years of age and older ARUP LABORATORIES, INC. WELLNESS CENTER

IMPORTANT: THIS IS A LEGAL DOCUMENT. PLEASE READ AND UNDERSTAND THIS DOCUMENT BEFORE SIGNING.

ASSUMPTION OF RISK AND WAIVER OF LIABILITY AGREEMENT (FOR ADULTS OVER THE AGE OF 18)

This Agreement must be completed to participate in the exercise or fitness classes or offerings associated with the ARUP Health & Wellness Center. This waiver is applicable for up to 5 years from the date of signature.

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Participant (print full name):(circle one)	Spouse Dependent Employee
In return for willingly participating in any activities associated with or at ARUP's Health & Wellness Center, I release and agree not to sue ARUP or the University of Utah, or their respective officers, employees, and agents, for any and all present and future claims that I may have or make, or my family, estate, heirs or assigns may have or make for property damage, personal injury or wrongful death arising as a result of my use of, or participation in activities at or associated with, ARUP's Health & Wellness Center caused by any ordinary negligence of ARUP or the University of Utah. I understand that use of, or participation in activities at or associated with, ARUP's Health & Wellness Center involves certain risks, including, but not limited to, serious injury or death. I voluntarily engage in and/or participate in the activities associated with the Health & Wellness Center with knowledge of the danger and agree to assume and accept all risks of such use and participation.	
Participant Signature	Date