Please provide the following information.		
Emergency Information		
Name of emergency contact		
Relationship to you		
Phone #		
Physician's name_		
Physician's phone #		
•	Emergency Information Name of emergency contact Relationship to you Phone # Physician's name	

Please read the following form and sign at the bottom.

NORTH PARK UNIVERSITY GENERAL RELEASE, ASSUMPTION OF RISK AND WAIVER FROM LIABILITY

In consideration of my using the Facilities and Equipment (both as hereinafter defined) and/or services of the Helwig Recreation Center (the "Center"), including any travel related thereto, and my participating in any class, program, exercise training, exercise, Intramural, informal, instructional, group fitness, physical sports, weight and cardiovascular training, climbing wall, batting cages, practice turf activities, and any other activities and/or programs and services sponsored by North Park University and/or activities occurring in the Center whether organized by the Center or individually on my own (hereinafter referred to as the "Programs"), I agree as follows:

- 1. **RISK FACTORS**. I understand and acknowledge that my utilization of Center's Facilities, including, but not limited to, the running track, batting cages, climbing wall, practice turf, exercise rooms, aerobic studios, and volleyball/basketball courts (the "Facilities") and of the Center's Equipment, including, but not limited to, cardiovascular and exercise weight equipment, treadmills, stationary bicycles, stair machines, and climbing equipment (the "Equipment") and my participation in the Center's Programs involves risk including, but not limited to, the following: risk of property damage and bodily injury, including, but not limited to, permanent disability, paralysis and possibly death. These risks may result from the use of the Equipment or Facilities, from participation in the Programs, from the activity itself, from the acts of myself and/or others, or from the unavailability of emergency medical care for any reason.
- 2. **ASSUMPTION OF THE RISK**. I expressly and voluntarily consent and agree to assume full responsibility for any and all damages or injury that may arise out of or result from my use of the Equipment or Facilities, and/or my participation in the Programs, except for any injuries caused by the gross negligence or willful or wanton misconduct of any officials, officers, employees, agents, or volunteers of North Park University.
- 3. RELEASE. I hereby release, waive and forever discharge North Park University, its affiliates, their directors or trustees, officers, employees, personnel, volunteers, and any of their staff members, instructors, agents or representatives ("Releasees"), from all liability to me of and from any and all present and future claims, demands, damages, actions, or rights of action, whether legal or in equity, arising from or by reason of any bodily injury or personal injuries known or unknown, death, loss or theft of personal property or property damage that may occur as a result of my participation in the Programs.

I further hereby release, waive and forever discharge Releasees from all liability to me of and from any and all present and future claims, demands, damages, actions, or rights of action, whether legal or in equity, arising from or by reason of any bodily injury or personal injuries known or unknown, death, loss or theft of personal property or property damage that may occur in, on or about the Center's premises or as a result of my using or misusing the Facilities and/or the Equipment.

4. **ACKNOWLEDGEMENT OF POLICIES AND PROCEDURES**. I acknowledge reading and knowing all policies and procedures relating to the Programs, Facilities, and/or Equipment and understand that the safe and proper use of Facilities, Equipment or participation in the Programs is dependent upon carefully following such policies and procedures. I agree to comply with and abide by all rules and regulations of the Center and North Park University. The Center staff reserve the right to temporarily or permanently revoke or terminate my membership privileges for any violations of the rules and regulations of the Center or for any violations of the policies and procedures relating to the Programs, Facilities, and/or Equipment of the Center.

- 5. **PREREQUISITE SKILLS AND TRAINING**. I acknowledge that I have the requisite skills, qualifications, physical ability and training necessary to properly and safely use the Equipment, Facilities, and to participate in Programs offered in the Center. I agree that if I have any questions as to what skills, qualifications, or training is necessary to properly use the Equipment, Facilities, or participate in the Programs of Center, then I will direct such questions to the appropriate staff member on site.
- 6. **INDEMNIFY AND DEFEND.** I agree to indemnify and hold harmless the Releasees from and against all claims, demands, lawsuits, causes of action, liabilities, losses, costs (including reasonable attorneys' fees and court costs) or damages for any property damage, property loss or theft, personal injury, death or other loss arising from or relating to my use of the Center, Facilities, Equipment and/or my participation in any Program.
- 7. **PAY**. I agree to pay for any and all damages to any property of Releasees caused by my negligence, willfully or otherwise.
- 8. **REPRESENTATIVES**. I enter into this Agreement for myself, my spouse (if any), my heirs, assigns and legal representatives and persons claiming through or under myself.
- 9. **CONSENT AND RELEASE FOR EMERGENCY TREATMENT**. I, as a user of the Center, Facilities and Equipment and participant of the Center's Programs, hereby consent to medical treatment in a medical emergency where I am unable to consent to such treatment. I further release the Releasees from any claim whatsoever on account of first aid treatment, emergency medical services or other services rendered to me during my participation in the Programs and use of the Facilities and/or Equipment.
- 10. **INSURANCE**. I understand North Park University does not carry participant insurance, and that I will be solely responsible for any medical, health or personal injury costs relating to my use of the Center, Facilities and/or Equipment. I understand that I am encouraged to have a medical physical examination and to purchase health insurance for myself prior to any and all participation in any of the Center's Programs.
- 11. **JURISDICTION**. This General Release, Assumption of Risk and Waiver from Liability ("Release") shall be governed in all respects by the laws of the State of Illinois. The parties agree to use the State of Illinois for jurisdiction and the County of Cook in the State of Illinois as venue for any disputes between the parties.
- 12. **SCOPE OF RELEASE AND SEVERABILITY**. I expressly agree that this Release is intended to be as broad and inclusive as permitted by the law of the State of Illinois, and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.
- 13. **ACKNOWLEDGEMENT**. I have read and fully understand this Release. I realize it relates to surrendering and releasing valuable legal rights and remedies. By signing this Release, I hereby freely and voluntarily release those legal rights and remedies.

Date	
Name of Participant (please print)	Signature of Participant
Name of Parent/Guardian (if Participant is under age 18) (please print)	Signature of Parent/Guardian (if participant is under age 18)