

UNIVERSITY OF MARYLAND

CAMPUS  
RECREATION  
SERVICES



**GROUP FITNESS PROGRAM  
RELEASE AND INFORMED CONSENT STATEMENT**

In consideration of the University of Maryland's acceptance of my participation in the CRS Group Fitness program, including the use of CRS facilities and equipment, I, for myself, my heirs, personal representative(s) and assigns hereby represent and agree as follows:

1. I understand participation in that the CRS Group Fitness program is not part of the academic curriculum or job requirements of the University and are completely voluntary on my part.
2. I fully recognize and understand that there are risks and hazards, both minor and serious, associated with participation in the CRS Group Fitness program, including but not limited to: cuts, scrapes, bruises, broken bones, muscle strains, pulls or tears, other bodily injuries, heat prostration, blindness, deafness, drowning, heart attacks, temporary or permanent disabilities, paralysis and, even, death.
3. I understand that various CRS Group Fitness courses require a minimum level of fitness for safe participation. I also understand that Campus Recreation Services advises that participants in CRS Group Fitness classes have a physical examination to determine their fitness for participation. **I further understand that the University of Maryland does not provide medical, health or other insurance for participants in CRS Group Fitness classes.**
4. Knowing the dangers, hazards and risks associated with participation in the CRS Group Fitness program, I voluntarily assume all responsibility and risk of loss, damage, illness and/or injury to my person or property in any way associated with my participation in the CRS Group Fitness program.
5. I agree to abide by all rules and regulations applicable to participation in the CRS Group Fitness program.
6. To the fullest extent permitted by law, I hereby release and forever discharge, and agree not to sue and to indemnify and hold harmless, the State of Maryland, the University of Maryland, Campus Recreation Services, and their officers, agents, employees and volunteers from and against any and all liabilities, claims, demands and causes of action of any kind on account of any loss, damage, illness or injury to person or property in any way arising out of or relating to my participation in the CRS Group Fitness program or use of CRS equipment or facilities, whether due to the negligence, default or other action or inaction of any person or entity.

I CERTIFY THAT I AM 18 YEARS OF AGE OR OLDER AND THAT I HAVE READ AND FULLY UNDERSTAND THIS RELEASE AND INFORMED CONSENT FORM, AND I SIGN IT VOLUNTARILY WITH FULL KNOWLEDGE OF ITS SIGNIFICANCE.

\_\_\_\_\_  
Name of Participant (Please Print)

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Signature of Participant

\_\_\_\_\_  
Date

University ID or Member Number: \_\_\_\_\_