

Student Guest Registration Waiver and Release

Name	Emergency Contact Name	
Address	City, State Zip	Emergency Phone Number
Home Phone	Date of Birth	Email address

In consideration of my Aurora Wellness Center visit/membership, I acknowledge, appreciate, and agree that health and fitness center activities may range from vigorous cardiovascular activity (including, without limitation, basketball, volleyball, handball, swimming, treadmills, stair climbers, elliptical machines, computerized bicycles, rowing machines, cross country ski machines, racquet sports, and Group Fitness Classes whether in water, on land, or spinning), to strenuous exertion of strength training (including, without limitation, machine weights and free weights), and to therapeutic activities (including, without limitation, whirlpool, sauna, steam room, and spa). I also understand that these and other physical activities, as well as going to, preparing for, and returning from the activities at the Aurora Wellness Center, involves significant risks of physical injury including but not limited to, death, serious neck and spinal injuries resulting in complete or partial paralysis, heart attacks, eye injuries, mouth/jaw or teeth injuries, and bone, joint, ligament, muscle or other soft tissue injuries, including, without limitation, broken, stretched, torn, strained, or sprained. I am voluntarily going to Aurora Wellness Center and participating in activities there with knowledge of the danger involved and hereby agree to accept any and all known and unknown risks and assume full responsibility for any loss of personal property, property damage, personal injury, or death EVEN IF ARISING FROM THE NEGLIGENCE of those persons released from liability below, and assume full responsibility for my participation. I hereby voluntarily waive any and all claims, both present and future that may be made by me, members of my family, or my estate, heirs or assigns, resulting from negligence of employees or agents associated with Aurora Wellness Center, independent contractors servicing the needs of Aurora Wellness Center, other members of Aurora Wellness Center and their guests, or my negligence.

I will comply with all rules and regulations. If I have any questions, or observe any unusual or unnecessary hazards during my participation, I will immediately bring such to the attention of the nearest Aurora Wellness Center employee or agent.

I also agree to indemnify and hold harmless the Released Parties (Aurora Wellness Center owners and affiliates, employees, instructors, and agents) from any and all liability or claims made by other parties as a result of my actions in any way relating to use of the Aurora Wellness Center facilities and equipment and engaging in any Aurora Wellness Center activities. **I have read this form and fully understand that by signing this form, I am giving up certain legal rights and/or remedies. Furthermore, I have been given the opportunity to discuss questions I may have about the Guest Registration Waiver and Release and am satisfied that I understand its contents.**

Guest signature and Guardian signature if guest is less than 18 years of age	Date
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