

Dodge Physical Fitness Center

**GENERAL INFORMATION**

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone \_\_\_\_\_ E-Mail \_\_\_\_\_  
Address (in different from participant) \_\_\_\_\_

**ABOUT THE ACTIVITY**

In consideration of gaining guest membership or being allowed to participate in the activities and programs at the Marcellus Hartley Dodge Physical Fitness Center (“Dodge Fitness Center”) and to use its facilities and equipment, I hereby agree to release, indemnify, and hold harmless Columbia University and its trustees, officers, agents, and employees, representatives or assigns, including the Intercollegiate Athletics and Physical Education Program, the coaching and training staff and camp employees, from any and all responsibilities or liabilities for injuries or damages arising out of my or my child’s participation in any activities or my or my child’s use of equipment in the Dodge Fitness Center, except for claims due to the gross negligence or willful misconduct of Columbia University or its trustees, officers, agents, and employees.

I understand and am aware that participation in any type of physical activity, including the use of equipment, is potentially hazardous. I also understand that these physical activities involve a risk of injury and even death and that I am voluntarily participating and allowing my child to participate with the knowledge of the dangers involved.

I do hereby acknowledge that it was recommended that my child obtain a physician’s approval prior to his/her participation in any of the activities at the Dodge Fitness Center. I acknowledge that my child has either had a physical examination and has been given medical clearance to participate, or that I have decided to allow my child to participate in activities and/or use of equipment at the Dodge Fitness Center without medical clearance. I further hereby give permission to the coaches, training staff or other medical professionals to provide medical care as deemed necessary to my child in case of injury or illness.

I hereby agree to accept, knowingly and voluntarily, any and all risks of injury arising out of my or my child’s participation in any activities at the Dodge Fitness Center.

**MEDICAL INFORMATION**

**Medical Insurance:** Everyone participating (**name activity**) is required to have medical coverage. Please confirm that the participant has such coverage and the name of the provider.

Confirm the participant has health insurance Y/N \_\_\_ Health Insurance Provider: \_\_\_\_\_

If any participant has a medical condition, it is the responsibility of said individual to have all necessary medications available throughout the duration of the activity. Participants can alert program staff of his/her medical condition if he/she is comfortable doing so and or thinks it is necessary / important to alert the staff.

**EMERGENCY CONTACT INFORMATION**

In case of an emergency, please contact:

Name: \_\_\_\_\_ Relationship to Participant: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**CONFIDENTIALITY NOTICE**

A copy of this form will be filed electronically in the Administrative Office for at least three years after the activity has concluded. Please note that this form contains confidential information and should be handled accordingly.

**WAIVER**

You agree and acknowledge that neither The Trustees of Columbia University in the City of New York (the “University”), nor any of its agents or employees, shall have responsibility for any loss, injury, or damage incurred or suffered by me in connection with my participation in the **Dodge Physical Fitness Center** or including, but not limited to, any personal injury, death, or property damage, and hereby expressly waive all rights, claims, causes of action, and the like of any nature whatsoever which I or my heirs or legal representatives may have against the University or any of its agents or employees, representatives or assigns, from all claims resulting from any injuries, damage, illness, or death in connection with my participation in the **Dodge Physical Fitness Center**. By signing this form, I agree and promise to indemnify, defend, and hold harmless the University as a result of any injuries, damage, illness, or death in connection with the Participant’s attendance in the **Dodge Physical Fitness Center**. We/I further hereby give permission to the coaches, training staff or other medical professionals to provide medical care as deemed necessary to me in case of injury or illness.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Signature

\_\_\_\_\_  
Date

**IMPORTANT INFORMATION**

In Case of an Emergency, first contact local help by dialing 911 or the local authorities.  
12/7/2017

As of