LaCorte Workout Room Waiver

INFORMATION AND USE
Please read this information before signing the attached waiver. After you have signed it, please return the waiver (only) to the Tuck Facilities Office, Tuck School of Business at Dartmouth, 100 Tuck Hall, Hanover, NH 03755-9000. Your Dartmouth ID will be activated within 24-48 hours of signing the liability waiver.

The facility is for Tuck community members only. Tuck students, faculty, and staff and partners have access to this facility. This is not a supervised facility. Dartmouth College is not responsible if you are injured. A community member who chooses to gain access to the facility is completely responsible for their own actions while using the workout room.

Never use another individual’s identification to gain access to the workout room. Only individuals who have signed the liability waiver are permitted to use the facility. Under no circumstance should any person under 18 years of age use the facility. Young children in infant seats or strollers are NOT permitted.

There is a red emergency phone located by the door. This phone is linked directly to Dartmouth’s Safety and Security office. In case of emergency, please use this phone for assistance.

The workout room is open daily from 6:00 A.M.-midnight everyday including holidays. Locker rooms are located across the hall from the workout room and are equipped with showers, changing stalls, and lockers. Lockers are for workout use only. You may store your personal items while using the gym, but after your workout please remove all personal items from the locker room.

Please contact the Tuck Facilities office at tuck.facilities@Dartmouth.edu or in Room 12 on the ground level of Tuck Hall if there is damage to the workout room (e.g., weight machines or cardiovascular equipment is not working properly, damage to the carpet, malfunctioning audiovisual equipment).
LaCORTE WORKOUT ROOM AGREEMENT AND RELEASE OF LIABILITY

1. In consideration of gaining membership or being allowed to participate in the activities and programs of the Lacorte Workout Room (“LWR”) and to use its facilities, equipment, and machinery, I do hereby waive, release and forever discharge Dartmouth College and its officers, agents, employees, representatives, and all others from any and all responsibilities or liability for injuries or damages resulting from my participation in any activities or my use of equipment or machinery in the above-mentioned facility or arising out of my participation in any activities at said facility. I do also hereby release all of those mentioned and any others acting upon their behalf from any responsibility or liability for any injury or damage to myself, including those caused by the negligent act or omission of any of those mentioned or others acting on their behalf or in any way arising out of or connected with my participation in any activities of the LWR or the use of any equipment at the LWR. (Please initial __________)

2. I understand and am aware that strength, feasibility, and aerobic exercise, including the use of equipment, is a potentially hazardous activity. I also understand that fitness activities involve a risk of injury and even death and that I am voluntarily participating in these activities and using equipment and machinery with knowledge of the dangers involved. I hereby agree to expressly assume and accept any and all risks of injury or death. (Please initial __________)

3. I do hereby further declare myself to be physically sound and suffering from no condition, impairment, disease, infirmity, or other illness that would prevent my participation in any of the activities and programs of the LWR or use of equipment or machinery except as hereinafter stated. I do hereby acknowledge that I have been informed of the need for a physician’s approval for my participation in an exercise/fitness activity or in the use of exercise equipment and machinery. I also acknowledge that it has been recommended that I have a yearly or more frequent physical examination and consultation with my physician as to physical activity, exercise, and use of exercise and training equipment so that I might have recommendations concerning these fitness activities and equipment use. I acknowledge that I have either had a physical examination and have been given any physician’s permission to participate, or that I have decided to participate in activity and/or use of equipment and machinery without the approval of my physician and do hereby assume all responsibility for my participation and activities, and utilization of equipment and machinery in my activities. (Please initial __________)

________________________________________
Print Name and either Tuck Class Year or “Partner”

________________________________________
Signature

________________________________________
Date