

WAIVER AND RELEASE OF LIABILITY

In agreeing to become a member of the UVI Fitness Room, I agree to the following:		
I,	and my participation in these such activities may result in injury lins, fractures, partial and/or total is disability; (c) these risks and lives, employees, or volunteers of coants, the negligence of others, my use of the equipment and dangers and all responsibility for by the negligence or the conduct	
I, on behalf of myself, my personal representatives and my heirs, hereby voluntarily agree to release, waive, discharge, hold harmless, defend, and indemnify the University of the Virgin Islands and its representatives, employees, and volunteers from any and all claims, actions or losses for bodily injury, property damage, wrongful death, loss of services or otherwise which may arise out of my use of any equipment or participation in these activities. I specifically understand that I am releasing, discharging, and waiving any claims or actions that I may have presently or in the future for the negligent acts or other conduct by the representatives, employees, and volunteers of University of the Virgin Islands.		
I HAVE READ THE ABOVE WAIVER AND RELEASE AND BY INTENTION TO EXEMPT AND RELIEVE THE UNIVERSITY O LIABILITY FOR PERSONAL INJURY, PROPERTY DAMA CAUSED BY NEGLIGENCE OR ANY OTHER CAUSE.	F THE VIRGIN ISLANDS FROM	
Member's Name (print) Address	Date of Birth//	
Contact Nos Member's Signature		

Date Received in Office:	For Office Use Only/Form Received by:	