



UNIVERSITY  
RECREATION  
& WELLNESS

FITNESS

**GROUP FITNESS PROGRAM PARENTAL RELEASE AND INFORMED CONSENT STATEMENT-  
UM STUDENT / SPECIAL PROGRAM PARTICIPANT UNDER 18 YEARS OF AGE**

In consideration of the University of Maryland’s acceptance of my minor child, as listed below, for participation in RecWell Group Fitness program activities, including the use of RecWell facilities and equipment, I, on behalf of said minor child and myself, my heirs, personal representative(s) and assigns hereby represent and agree as follows:

1. I understand that my child’s participation in the RecWell Group Fitness program is not part of his/her academic curriculum or job requirements of the University and is completely voluntary.
2. I fully recognize and understand that there are risks and hazards, associated with participation in RecWell Group Fitness program activities, that may result in property damage and/or personal injury, 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 RecWell Group Fitness courses require a minimum level of fitness for safe participation. I also understand that University Recreation & Wellness advises that participants in RecWell Group Fitness program activities 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 program activities.**
4. Knowing the dangers, hazards and risks associated with RecWell activities, and with sufficient knowledge of my child’s physical condition(s) and limitations, if any, I voluntarily assume all responsibility and risks of loss, damage, illness and/or injury to person or property which my child may, in any way, sustain in connection with his/her participation in RecWell Group Fitness Program Activities.
5. I agree that my child must abide by all rules and regulations applicable to participation in RecWell Group Fitness program activities. Should my child require first aid or emergency medical treatment as a result of illness of injury associated with RecWell activities, I consent to such first aid or treatments.
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 University Recreation & Wellness, and their officers, agents, employees, and volunteers from and against any and all liabilities, claims, demands, and causes of actions 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 child’s participation in RecWell Group Fitness program activities or use of RecWell 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

\_\_\_\_\_  
Name of Participant’s Parent/Guardian (Please Print)

\_\_\_\_\_  
Signature of Participant’s Parent/Guardian

\_\_\_\_\_  
Date



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**GROUP FITNESS PROGRAM**

**PLAYING BY THE GROUP FITNESS RULES:**

1. A UM ID and RecWell Group Fitness Sticker or Guest Pass are required at the door for admission into each class.
2. Dependent members and guests under 18 years of ages are not permitted in Group Fitness classes.
3. Admittance to the class is prohibited 10 minutes after the class has begun or when class has reached capacity. Please arrive early.
4. No bags or coats will be permitted into the group fitness studios; small personal items are admissible.
5. All cell phones and paging devices must be silenced in studios.
6. RecWell encourages you to bring a personal stretching mat, towel and water bottle.
7. Group Fitness Stickers are valid for the current academic year.

I UNDERSTAND AND AGREE TO COMPLY WITH THE ABOVE TERMS OF PARTICIPATION IN THE CAMPUS RECREATION SERVICES GROUP FITNESS PROGRAM.

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

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

\_\_\_\_\_  
UID

\_\_\_\_\_  
Name of Participant's Parent/Guardian (Please Print)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Participant's Parent/Guardian