



Guest Pass Form

Masters Swim Guest

Sponsor Information

UMAC-Terrapin Masters

Guest Information (please print)

Mr. Ms.

Last Name First Name Middle Initial

Street Address City State ZIP

E-Mail Address Phone

Emergency Contact Phone Relationship

Guest Pass Information

UMAC-Terrapin Masters guests may participate only in the designated workout or event. UMAC-Terrapin Masters guests do not have access to University Recreation and Wellness facilities outside of the Natatorium and/or other designated spaces.

UMAC-Terrapin Masters guests must be age 18 or over.

University Recreation and Wellness reserves the right to revoke guest pass privileges at any time.

Guest Passes are valid on the date purchased only. Guest Pass fees are non-refundable. Guest Passes are non-transferable.

For Official Use Only
Guest Pass No.: _____ Date Issued: _____ Member Services Agent: _____

**UNIVERSITY OF MARYLAND
UNIVERSITY RECREATION AND WELLNESS**

GUEST RELEASE AND INFORMED CONSENT FORM

In consideration of the University of Maryland's acceptance of my presence as a guest at University Recreation and Wellness ("RECWELL") and of my being permitted to participate in the recreational, athletic and fitness activities, including the use of RECWELL facilities and equipment, associated with such membership ("RECWELL activities"), I, for myself, my heirs, personal representative(s) and assigns hereby represent and agree as follows:

1 I understand that my status as a guest is not a part of the academic curriculum or job requirements of the University and are completely voluntary on my part. I understand that I may sever my relationship as a guest at any time, without prejudice, by leaving the premises.

2 I fully recognize and understand that there are risks and hazards, both minor and serious, associated with participation in RECWELL activities, 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 activities require a minimum level of fitness for safe participation. I also understand that University Recreation and Wellness advises that participants, including guests, in RECWELL 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 RECWELL members and their guests.**

4 Knowing the dangers, hazards and risks associated with RECWELL activities, and with sufficient knowledge of my physical condition and limitations, if any, I voluntarily assume all responsibility and risk of loss, damage, illness and/or injury to my person or property in any way associated with my participation in RECWELL activities or otherwise in connection with my status as a RECWELL guest.

5 I agree to abide by all rules and regulations applicable to participation in RECWELL activities.

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 and Wellness, and their officers, agents, employees and volunteers from and against any and all liabilities, claims, demands and causes of action 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 participation in RECWELL 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. IN THE ALTERNATIVE, IF THE GUEST IS A MINOR, THE SIGNATURE BELOW IS THAT OF A PARENT OR LEGAL GUARDIAN AUTHORIZED TO RELEASE THE MINOR GUEST.

Guest Name (Please Print)

Date of Birth

Guest Signature

Date