

Informed Consent and Liability Waiver Release for Participation in the University of New Hampshire Employee Fitness Program (EFP) Exercise Facility

I agree and consent to the following:

I am voluntarily participating and exercising in the University of New Hampshire Employee Fitness Program's (UNH EFP) exercise/fitness facility located in the Field House on the balcony overlooking the main gymnasium floor.

I recognize that the exercise that I conduct may be strenuous at times and may cause physical injury and I am fully aware of the risks and hazards involved. I understand that it is my responsibility to consult with a physician prior to and regarding my participation in the above mentioned program. I represent and warrant that I have no medical condition that would prevent my participation in the program. I agree to assume full responsibility for any risks, injuries, or damage known or unknown which I might incur as a result of participation in the program. Such injuries may include, but are not limited to, heart attacks, muscle strains, muscle tears, broken bones, shin splints, heat illness, orthopedic injuries, or any other illness or soreness, including death.

In addition, I acknowledge that novel coronavirus (COVID-19) is a global pandemic and that infections have been confirmed throughout the United States and internationally, including in the state of New Hampshire. I acknowledge the potential risk of exposure to COVID-19 (or any other similar communicable disease) by utilizing the UNH EFP. I affirm, understand, and acknowledge that the UNH EFP cannot guarantee my safety or immunity from infection. I understand there are risks of exposure to the virus from symptomatic and asymptomatic carriers. I recognize that the risks of exposure to COVID-19 include sharing space with others and engaging in interpersonal communications. I fully understand, acknowledge, and appreciate these facts, the uncertainty of the virus, and how it may impact my health. I knowingly and voluntarily assume all risks associated directly or indirectly with participating in any activity at the UNH EFP, including enter and exiting the fitness center premises, using equipment at the fitness center, interacting with other persons at or around the fitness center, and using facilities within the fitness center premises. I agree to notify the UNH EFP Director immediately if I believe I am experiencing any symptoms of COVID-19 and/or if I have a suspected or diagnosed case of COVID-19.

I knowingly, voluntarily and expressly waive any claim I may have against the University of New Hampshire, UNH EFP, Department of Kinesiology, or Exercise Science program for injury, illness, or damages that I may sustain as a result of participating in the program, both in person and virtually. I, my heirs, or representatives forever release, waive, discharge, and covenant not to sue the University of New Hampshire, UNH EFP,

Department of Kinesiology, or Exercise Science program for any illness, injury, or death caused by their negligence or other acts.

I certify that I have read the above waiver and release of liability, fully understand its contents, and am a competent adult (18 years of age or older). I voluntarily agree to the terms and conditions stated above.

Signature

Date

Print Name