

Marcellus Hartley Dodge Physical Fitness Center

RELEASE OF LIABILITY

In consideration of gaining membership or being allowed to participate in the activities and programs at the Marcellus Hartley Dodge Physical Fitness Center (“Dodge Fitness Center”) and to use its facilities and equipment, I hereby agree to release, indemnify, and hold harmless Columbia University and its trustees, officers, agents, and employees, from any and all responsibilities or liabilities for injuries or damages arising out of my participation in any activities or my use of equipment in the Dodge Fitness Center, except for claims due to the gross negligence or willful misconduct of Columbia University or its trustees, officers, agents, and employees.

I understand and am aware that participation in any type of physical activity, including the use of equipment, is potentially hazardous. I also understand that these physical activities involve a risk of injury and even death and that I am voluntarily participating with the knowledge of the dangers involved.

I do hereby acknowledge that it was recommended that I obtain a physician’s approval prior to my participation in any of the activities at the Dodge Fitness Center. I acknowledge that I have either had a physical examination and have been given medical clearance to participate, or that I have decided to participate in activities and/or use of equipment at the Dodge Fitness Center without medical clearance.

I hereby agree to accept, knowingly and voluntarily, any and all risks of injury arising out of my participation in any activities at the Dodge Fitness Center.

I understand that per Dodge Fitness Center membership and locker refund policy I may request and receive a partial refund **only** due to relocation out of New York City or a medical issue. I understand that I will have to present documents (official change of address from USPS or utility bill / physician’s note) to the Membership Office in support of my request.

Last Name (Print)

First Name (Print)

UNI (if applicable)

Signature

Date

Signature of parent or legal guardian if under 18 years of age:

Parent/Legal Guardian Name (Print)

Parent/Legal Guardian Signature

Date

