

University of Maine at Presque Isle

**GENTILE HALL – Day Pass User – REQUIRED EACH VISIT**  
**ASSUMPTION OF RISK & RELEASE**

In consideration of being permitted to participate in activities at the University of Maine at Presque Isle’s Gentile Hall on the University of Maine at Presque Isle campus, I hereby affirm and agree as follows:

1. I am over the age of 18 years, or, if not, I have parental assent as evidenced by the signature below.
2. To the best of my knowledge and belief, I am in good physical condition.
3. I realize there are potential physical dangers and hazards to me in my use of these facilities and equipment, and a loss due to actions of other participants and my proximity to them in the room. It may involve considerable risk on my part, including the possibility of broken bones and other injuries.
4. Therefore, in consideration of being permitted to participate in activities at the University of Maine at Presque Isle’s Gentile Hall, I do hereby agree to assume all the risks and responsibilities surrounding my participation there, and, further, I do for myself, my heirs, and personal representative(s) hereby defend, hold harmless, indemnify and release, and forever discharge the University of Maine System, its trustees, and all its officers, agents, and employees from and against any and all claims, demands, and actions, or causes of action, which may result from my participation and which result from causes beyond the control of and/or without the fault or negligence of the University of Maine System, its trustees, officers, agents or employees, during the period of my participation.
5. I will adhere to all rules and regulations as posted in designated areas and in printed form at all times while at University of Maine at Presque Isle’s Gentile Hall.
6. This Assumption of Risk and Release must be signed by all guest day pass users and parent or legal guardian where applicable to participate at University of Maine at Presque Isle’s Gentile Hall.
7. I declare that I completely understand and have fully informed myself of the terms and conditions of this “Assumption of Risk and Release” by having read it, or having it read to me, before signing.

***Children under 14 years of age, must be directly supervised in specific areas at all times by an adult, 18 years of age or older. Children 13 & younger\* are NOT permitted in the Fitness Center.***

Please fully complete all of the following information and sign appropriate signature area(s).

<b>Printed Name of Participant</b>	____/____/____	<b>Date of Birth</b>	_____ staff initials
<b>Proof of Date of Birth may be required</b>			
Mailing Address	City	State	Zip Code
Home Phone	Work or Cell Phone		
Emergency Contact Name	Emergency Contact Phone Number		

X \_\_\_\_\_  
**Signature of Participant (if under the age of 18, parent or legal guardian must sign below)      DATE**

***Children under 14 years of age, must be directly supervised in specific areas at all times by an adult, 18 years of age or older. Please give the name of the adult (18 years of age or older who will be responsible for supervising the child under the age of 14): \_\_\_\_\_***  
***Children under 14 years of age, found unsupervised in specific areas will be asked to leave.***

X \_\_\_\_\_  
**Signature of parent or legal guardian if participant is under 18 years of age      DATE**