

**PAVILION AND STUDENT RECREATION CENTER (SRC)
USE AGREEMENT**



In consideration for being allowed to utilize the Student Recreation Center (SRC) at Whatcom Community College, I voluntarily agree to assume all risks involved in using the programs, services, facilities, and equipment of the SRC. I agree to conduct myself in accordance with Whatcom's Code of Student Conduct and rules outlined in Student Rights and Responsibilities, Washington Administrative Code, Chapter 132U-120.

ASSUMPTION OF RISK

I understand that direct supervision by Whatcom Community College staff may not be provided and by using the programs, services, and facilities of the SRC; I expose myself to risk of injuries including, but not limited to: temporary or permanent muscle soreness, sprains, strains, cuts, abrasions, bruises, ligament and/or cartilage damage, head, neck or spinal injuries, loss of use of arms and/or legs, eye damage, disfigurement, drowning or death. I also recognize that there are both foreseeable and unforeseeable risks of injury or death that occur as a result of my use of the programs, services, facilities, and equipment of the SRC that cannot be specifically listed. Further, I recognize that the actions of other users of the SRC may cause harm or loss to my person or property.

RELEASE OF LIABILITY

I release the state of Washington, the trustees of Whatcom Community College, Whatcom Community College, and the employees, agents, or representatives of Whatcom Community College (hereafter referred to as the WHATCOM COMMUNITY COLLEGE GROUP) from any and all liability, claims, costs, expenses, injuries, or losses including those resulting from acts of negligence by the WHATCOM COMMUNITY COLLEGE GROUP that I may otherwise sustain as a result of my use of SRC services, facilities, and equipment. I also release the WHATCOM COMMUNITY COLLEGE GROUP from loss or damage to my person or property caused by other users of the SRC.

If any part or portion of this Assumption of Risk and Release of Liability is determined to be invalid or unenforceable, the remaining parts or portions shall be enforceable. I have carefully read this Assumption of Risk and Release of Liability and fully understand its contents.

I certify that I am at least eighteen (18) years of age and am legally competent to sign this Acknowledgement and Consent. Alternatively, if I am under age 18, a parent or legal guardian must also sign.

Name: _____ Date: _____

Signature: _____

IF UNDER THE AGE OF 18, SIGNATURE OF A PARENT/GUARDIAN IS REQUIRED BELOW:

Parent/Guardian Name: _____ Date: _____

Parent/Guardian Signature: _____

Note: We strongly encourage you to consult with a physician before participating in any physical activity to determine any potential conditions that may adversely affect your participation. We encourage those with pre-existing conditions to wear a medical alert bracelet or neck tag indicating the appropriate medical information. We strongly recommend that all SRC users have a medical insurance policy that will cover injuries or illnesses that may occur due to use of the SRC programs, services, facilities, and equipment.