Whitman College
Liability Waiver Form
Use of Baker Ferguson Fitness Center and Harvey Pool

In consideration of my permission to use the Whitman College Baker Ferguson Fitness Center and Pool, I the undersigned voluntarily agree to assume full and complete responsibility for any injury or accident which may occur to me during or in connection with the use of Baker Ferguson Fitness Center and Harvey Pool while I am on the premises of Whitman College and I further hereby voluntarily agree to waive my rights and that of my heirs and assigns to hold Whitman College, board of trustees, administrators, employees, agents or other participants liable for injury, death, and/or damages sustained by me.

I understand that I should be aware of my physical limitations and agree not to exceed them.

I certify that I am of lawful age (18 years or older) and otherwise legally competent to sign this agreement. I further understand that the terms of this agreement are legally binding and I certify that I am signing this agreement, after having carefully read it, of my own free will.

_____ _____ _____
Signature Age Date

_____ _____
Print Name Address/City/State

MINOR

In consideration of permission being granted to my child/children to use the Whitman College Baker Ferguson Fitness Center and Harvey Pool, I, as the parent or legal guardian of the child/children named below, agree that I will not file suit or cooperate in any such suit brought on behalf of my child/children against Whitman College, board of trustees, administrators, employees, agents or other participants for injury, death, and/or damages suffered by my child/children in the course of using Whitman College Baker Ferguson Fitness Center and Harvey Pool.

I understand that my child/children should be aware of their physical limitations and they agree not to exceed them.

I further understand that the terms of this agreement are legally binding and I certify that I am signing this agreement on behalf of my child/children, after having carefully read it, of my own free will.

_____ _____
Signature (Parent / Legal Guardian) Date

_____
Child / Children's Name(s)