

# BAYLOR CAMPUS RECREATION

## Guest Registration Form

### MINOR - 17 and Under



One Bear Place, #97100  
Waco, TX 76798-7100  
(254) 710-7542

Today's Date: \_\_\_\_\_

#### GUEST INFORMATION

Full Name: _____	Date of Birth: _____
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Age: _____
Home Address: _____	
City: _____	State: _____ Zip: _____
Phone: _____	
E-mail Address: _____	

#### EMERGENCY CONTACT INFORMATION

Name: _____	Relationship: _____
Mobile Phone: _____	Work Phone: _____

#### BAYLOR CARDHOLDER INFORMATION (GUEST SPONSOR)

Name: _____	BU ID Number: _____
<input type="checkbox"/> Faculty <input type="checkbox"/> Staff <input type="checkbox"/> Student	Department: _____
Mobile Phone: _____	Work Phone: _____

#### SECTION TO BE COMPLETED BY CAMPUS REC STAFF

Pass Type: <input type="checkbox"/> Adult Day Pass (16 & older)	<input type="checkbox"/> Child Day Pass (15 & under)
Guest Fee: <input type="checkbox"/> \$10.00 <input type="checkbox"/> \$5.00	<input type="checkbox"/> No Fee - Reason: _____
Payment Method: <input type="checkbox"/> Credit Card <input type="checkbox"/> Cash	<input type="checkbox"/> Check
Staff Name: _____	

**PARENT/LEGAL GUARDIAN RELEASE FOR MINOR**

PARTICIPANT'S NAME: \_\_\_\_\_ (please print) TEL. NO. \_\_\_\_\_

**BY SIGNING THIS DOCUMENT, YOU ARE WAIVING CERTAIN LEGAL RIGHTS, READ CAREFULLY BEFORE SIGNING.**

I hereby represent that I am the parent or legal guardian of \_\_\_\_\_, "PARTICIPANT", who is under the age of 18. For and in consideration of Baylor University permitting PARTICIPANT to participate voluntarily in any activity or event, including but not limited to the following activities: basketball, strength training, exercise and physical fitness, racquetball, rock climbing, running, swimming, aquatic or aerobic events, tennis, volleyball, all health and wellness conditioning including personal training, all gymnastics and sports training and/or any other recreational or competitive activity or event for the McLane Student Life Center, Russell and Marrs McLean Gymnasiums, the Pullin Family Marina, and all other recreational facilities, services and programs, hereafter referred to as "CAMPUS RECREATION ACTIVITY" at Baylor University, Waco, Texas, on \_\_\_\_\_ (date), I hereby expressly assume all the risks associated with the CAMPUS RECREATION ACTIVITY, I release Baylor University, its regents, officers, employees, students, and agents from all claims, demands, suits, causes of action, or judgments which PARTICIPANT or I ever had, now have, or may have in the future or which our heirs, executors, administrators, or assigns may have, or claim to have against Baylor University, its regents, officers, employees, students, or agents, arising out of or in any way connected with the CAMPUS RECREATION ACTIVITY, for all personal injuries, known or unknown, property damages, or claims for wrongful death, caused by the

**ACTS, OMISSIONS, OR NEGLIGENCE**

of Baylor University, its regents, officers, employees, students, or agents.

**I FURTHER AGREE TO INDEMNIFY AND HOLD HARMLESS BAYLOR UNIVERSITY, ITS REGENTS, OFFICERS, EMPLOYEES, STUDENTS, AND AGENTS FROM ALL CLAIMS, DEMANDS, SUITS, CAUSES OF ACTION, OR JUDGMENTS WHICH PARTICIPANT OR I EVER HAD, NOW HAVE, OR MAY HAVE IN THE FUTURE OR WHICH OUR HEIRS, EXECUTORS, ADMINISTRATORS, OR ASSIGNS MAY HAVE, OR CLAIM TO HAVE AGAINST BAYLOR UNIVERSITY, ITS REGENTS, OFFICERS, EMPLOYEES, STUDENTS, OR AGENTS, ARISING OUT OF OR IN ANY WAY CONNECTED WITH THE CAMPUS RECREATION ACTIVITY, FOR ALL PERSONAL INJURIES, KNOWN OR UNKNOWN, PROPERTY DAMAGES, OR CLAIMS FOR WRONGFUL DEATH, CAUSED BY THE**

**ACTS, OMISSIONS, OR NEGLIGENCE**

**OF BAYLOR UNIVERSITY, ITS REGENTS, OFFICERS, EMPLOYEES, STUDENTS, OR AGENTS, AND ON BAYLOR'S BEHALF AND IN BAYLOR'S NAME, DEFEND AT MY OWN EXPENSE ANY SUCH CLAIMS, DEMANDS, SUITS, CAUSES OF ACTION, OR JUDGMENTS DESCRIBED ABOVE.**

**COVID-19 ADDENDUM: Participants are advised that participation in the EVENT during a time of pandemic carries an inherent risk of infection. Participants are advised to follow all recommendations of government authorities for mitigating COVID-19 risks, including those regarding social distancing, wearing of masks, and isolation for vulnerable persons. By signing this agreement, Participant acknowledges and assumes, on the same terms as above, the risk of infection inherent in the event.**

I also agree to be responsible for any property damage or personal injuries that I or PARTICIPANT may cause by intentional or negligent acts while participating in the CAMPUS RECREATION ACTIVITY. I have read and executed this document with full knowledge of its legal significance.

\_\_\_\_\_  
SIGNATURE OF PARENT OR LEGAL GUARDIAN

\_\_\_\_\_  
DATE