BAYLOR CAMPUS RECREATION
Guest Registration Form
MINOR - 17 and Under

Today's Date: _________________

GUEST INFORMATION

Full Name: ___________________________________________ Date of Birth: _________________
Gender: ☐ Male ☐ 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: ___________________________
☐ Faculty ☐ Staff ☐ Student Department: ___________________________
Mobile Phone: ___________________________ Work Phone: ___________________________

SECTION TO BE COMPLETED BY CAMPUS REC STAFF

Pass Type: ☐ Adult Day Pass (16 & older) ☐ Child Day Pass (15 & under)
Guest Fee: ☐ $10.00 ☐ $5.00 ☐ No Fee - Reason: ___________________________
Payment Method: ☐ Credit Card ☐ Cash ☐ Check
Staff Name: ___________________________
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

Rev: 06.17.20