**Annexure-9**

**Waiver of Liability for the use of Sports and Gym Facilities**

In consideration of my use of the exercise equipment and facilities provided in the gyms and sports facilities located on the campus of BML Munjal University (‘BMU’ hereinafter), I expressly agree, undertake, acknowledge and contract, on behalf of myself, my heirs, executors, administrators, successors and assign, that BMU and its employees, officers, faculty, and management shall not be liable for any damages arising from personal injuries (including death) sustained by me on, or about the premises, or as a result of the use of the equipment/ facilities or while playing sports & games, during practice sessions or competition, on campus or outside while representing BMU. By executing this Indemnity Bond, I accept and assume full responsibility/obligation for all injuries, damages (both economic and non-economic {in terms of physical}), and losses of any type, which may occur to me. I hereby fully and forever release and discharge BMU, its employees, officers, faculty, and management from all claims, demands, damages, rights of action, or causes of action, present or future, whether the same be known or unknown, anticipated, or unanticipated, resulting from or arising out the use of said equipment and facilities. I expressly agree to indemnify and hold BMU harmless against all claims, demands, damages, rights of action, or causes of action, of any person or entity, that may arise from injuries or damages sustained by me. I agree to be solely responsible for my safety and well-being. I further undertake that if any of the students or employees of BMU is injured due to my acts or omissions, only I shall be solely responsible and that BMU shall not be liable in any case whatsoever.

I understand that BMU does not provide supervision, instruction, or assistance for using the facilities and equipment. I agree to comply with all rules laid down by BMU regarding the use of the facilities and equipment. I agree to always conduct myself in a controlled and reasonable manner and to refrain from using any equipment in a manner inconsistent with its intended design and purpose. I understand and acknowledge that the use of exercise equipment and participation in sports & games involves the risk of serious injury, including permanent disability and sometimes death. I undertake and state that my physical & medical condition is good for using the sports and gym facilities. I will inform the Medical Officer and concerned authorities when my physical and medical condition does not warrant my use of the above facilities and will abstain from such usage. By my signature, I indicate that I have read and understood the waiver of liability. I am aware that this is a waiver and a release of liability, and I voluntarily agree to its terms.

**Student’s Reg. No. Name & Course: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Student’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Parent/Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Gym Membership Application**

Name of Student:

Registration No: Course:

Hostel: Room No:

Contact No: Email ID:

Please indicate whether you suffer from or have recently suffered from any of the following conditions:

Any Heart or Stroke Conditions: Y/N

Diabetes: Y/N

High Blood Pressure: Y/N

Hernia: Y/N

Pain or Tightness in the Chest: Y/N

Epilepsy or fits: Y/N

Difficulty in Breathing or Chronic Cough: Y/N

Fainting Attacks: Y/N

Stomach or Duodenal Ulcer: Y/N

Back Problems: Y/N

Liver or Kidney Conditions: Y/N

Asthma: Y/N

If you have answered “Y” to any of the above conditions, you are required to produce a medical certificate before using the gym.

Have any family members (Grandparents, parents, or siblings) had heart problems prior to age 60? Y/N

If “Y”, give details \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you ever had any injury, illness, back or joint condition that may be aggravated by vigorous exercise? Y/N

If “Y”, give details \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you had any surgery in the past six months? Y/N

If “Y”, give details \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you taking any prescribed medicines? Y/N

If “Y”, give details \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you have any medical conditions that should be made known? Y/N

If “Y”, give details \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Gym Rules:

* Closed footwear must be worn.
* Neat & clean clothing must be worn.
* Please carry a towel for use on all benches.
* No chewing gums.
* Gym equipment must be used only for its intended purpose.
* Weights must be returned to their original place after use.
* Do not drop weights – place them down carefully.
* Offensive behavior or swearing will not be tolerated.
* Do not use any equipment for more than 15 mins at a time.

**Nominated Gym: Gateway B/ E2**

**Declaration & Waiver:**

1. I realize that participation in exercise carries some risk. I hereby certify that I am aware of no medical conditions (Except already noted herein) that may increase my risk of illness or injury due to an exercise programme. I have read and understood this questionnaire and hereby exempt, release and discharge BMU, its employees, officers, faculty, and management from liability for any injury I may sustain because of participation in any exercise programme in the gym.

2. I, the undersigned, in consideration of and, as a condition of acceptance of my entry into the gym, for myself, my heirs, my executors and administrators, waive all and any right of a cause of action which they or I might otherwise have, arising out of the loss of my life or injury and damage, or loss of any description whatsoever which I may suffer, against BMU.

**Student’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Student’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Parent/Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**