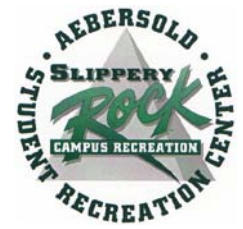
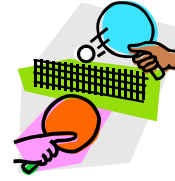


# "YOUNG WOMEN AT THE ROCK"



WHERE: Aebersold Student Recreation Center (The ARC)  
Slippery Rock University

WHEN: THURSDAY, APRIL 16, 2009  
TIME: 12:45-2:45PM



ALL Participants MUST wear tennis shoes for all activities –  
NO flip-flops, sandals or bare feet permitted on the courts or wall!  
Dress comfortably!! Shorts, t-shirts, sweats!!

- Please do not bring valuables (jewelry, iPods, electronic games, etc)

## Signed waiver Form REQUIRED for participation!

Student Name \_\_\_\_\_ Phone \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_

I, \_\_\_\_\_ am an individual 18 years or older who desires to participate in the physical activities offered at the Aebersold Student Recreation Center (ARC) of Slippery Rock University of Pennsylvania (University) and I take responsibility for the individuals listed below.

I understand that a minimal level of fitness is necessary to engage in the activities. I further recognize that participation in the activities can expose me and my group to risks and hazards that are directly or inherently involved and could result in injury or development of a physical condition that may be serious in nature, including the potential loss of limb or life. With full knowledge of the facts and circumstances surrounding these activities, I voluntarily undertake this participation, including all risk of loss of limb or life, property damage, injury to others, and other hazards to me and my group.

I assure the University that there are no health-related reasons or problems that preclude or restrict my participation in the activities. I further assure the University that my group and I have adequate health insurance necessary to provide for and pay any medical costs that may directly or indirectly result from my participation in the activities and that I will indemnify and hold the University harmless in this regard. My group and I authorize the employees of the ARC and University to perform basic first aid procedures and/or call emergency medical assistance that is, in its judgment, necessary. I understand that I can and am encouraged to discontinue participation in any activity at any time that I or my group feel unable to continue.

I read and understood the rules and regulations of the ARC and had the opportunity to ask and received answers to any questions concerning the rules and regulations for participation. **When applicable for youth under 18 years of age, I, as a parent or guardian, understand that I must be a member or have a rental approval or quest pass and must accompany and supervise any child listed below, if the youth is to participate in any activities.**

In consideration for the ability to participate in the activities at the ARC, my group and I expressly and explicitly do release, discharge and waiver the University, the ARC, the State System of Higher Education, the Commonwealth of Pennsylvania, its employees, officials or agents of any and all of the foregoing, from any liability whatsoever arising out of, pertaining or related to, in any manner, including, but not limited to, any damage to my property or the property of others and injury to me or to others, including loss of limb or life, resulting from my negligence or the negligence of others, or to others through this participation.

I execute this document on my behalf and my group (listed below) with full knowledge of the contents and the consequences stated in this release and waive.

PRINTED NAME of Parent/Guardian \_\_\_\_\_ Signature of Parent/Guardian for Minor Child \_\_\_\_\_

Date Signed \_\_\_\_\_