

Shower Access at University Recreation & Fitness

Please complete the required form so we can create a profile for you in the URecFit database. All fields are required for us to create your access group.

First Name	
Last Name	
One Card Number * or Hospital ID Number *	
Year of Birth	
Gender	
email	

Note: Entry requires an ID to shown to the URecFit staff at the entry desk.

*** Badge Numbers**

* **UMB Employees** - Your One Card Number is the 14-digit number on back of your UMB issued ID. It starts 2200.....

* **UMMC Employees** – your badge ID is the 5 digit number under your picture on front of the ID.

Complete and email this form to Meghan Bruce- Bojo at mbojo@umaryland.edu

Bike Cage Members,

Bike cage members will be authorized to use the shower facility in the gym at the Southern Management Corporation Campus Center. This agreement affects only non-members of the SMC Campus Center. Members of the SMC Campus Center can continue to utilize the facility as they normally would. Bike cage members, please keep in mind this agreement allows for use of the showers ONLY. Any bike cage member using the facility for purposes other than taking a shower will have their privileges revoked.

The SMC Campus Center gym staff will have a list of all bike cage members and will verify the names and ID numbers of those opting to use the shower.

If you have any questions or concerns, please contact Meghan Bruce-Bojo at 410-706-4631.

Waiver & Assumption of Risk

Print Name: _____

Waiver of Liability

of University Recreation & Fitness (URecFit), I, for myself, my heirs, personal representatives and assigns, **do hereby release, waive, and discharge** the University of Maryland, Baltimore (UMB), the University System of Maryland (USM), the State of Maryland, and their regents, directors, officers, employees, and agents from liability from any and all claims, including but not limited to negligence, claims of physical or mental injury, illness (including death), and property loss arising from participation in URecFit facilities, activities, classes, and observation, and use of URecFit facilities, premises, and equipment.

Assumption of Risk

Physical activity, by its very nature, carries with it certain inherent risks that cannot be eliminated regardless of the care taken to avoid injuries. URecFit and UMB have facilities for, and provides for, activities such as weight lifting, running, aerobic activities, group fitness, classes, instructional, outdoor adventure, and sporting activities. Some of these involve strenuous exertions, some involve quick movements, and others involve sustained physical activity, which places stress on the cardiovascular system. Specific risks vary from one activity to another, but the risks range from (1) minor injuries such as scratches, bruises, and sprains; (2) major injuries such as eye injury or loss of sight, joint or back injuries, heart attacks, and concussions; and (3) catastrophic injuries including paralysis and death.

I understand the risks that are inherent in activities made possible by URecFit and UMB. I agree that my participation is voluntary and I knowingly and freely assume all such risks, both known and unknown, even if arising from the negligence of URecFit or others, and I assume full responsibility for my participation.

Severability

I agree that this Agreement may be broadly construed in favor of UMB as permitted by the law of the State of Maryland and that if any portion of this Agreement is held invalid, the balance shall continue in full legal force and effect.

Acknowledgment of Understanding

I certify that I am at least eighteen (18) years of age, and that I have read and I understand this Agreement as indicated by my signature below. I certify that I am signing this Agreement freely and voluntarily, and **intend by my signature to provide a complete and unconditional release of all liability**. If I do not agree to any of the terms of this Agreement, I understand I do not need to sign it, and I may forego participating in the facilities and activities of URecFit and UMB.

READ AND UNDERSTOOD:

Signature: _____ **Date:** ____/____/____