

BAYLOR CAMPUS RECREATION

Guest Registration Form

ADULT - 18 and Up



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

Today's Date: 03/05/2022

GUEST INFORMATION

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

EMERGENCY CONTACT INFORMATION

Name:	<u>Johnny Bhojwani</u>	Relationship:	<u>Sponsor</u>
Mobile Phone:	<u>214-924-7435</u>	Work Phone:	<u>254-710-4750</u>

BAYLOR CARDHOLDER INFORMATION (GUEST SPONSOR)

Name:	<u>Johnny Bhojwani</u>	BU ID Number:	<u>891694407</u>
<input checked="" type="checkbox"/> Faculty	<input type="checkbox"/> Staff	<input type="checkbox"/> Student	Department: <u>ISBA</u>
Mobile Phone:	<u>214-924-7435</u>	Work Phone:	<u>254-710-4750</u>

SECTION TO BE COMPLETED BY CAMPUS REC STAFF

Pass Type:	<u>Adult Day Pass</u>	Driver's License No:	_____	State:	_____
Guest Fee:	<input type="checkbox"/> \$10.00	<input type="checkbox"/> No Fee - Reason:	_____		
Payment Method:	<input type="checkbox"/> Credit Card	<input type="checkbox"/> Cash	<input type="checkbox"/> Check		
		Staff Name:	_____		

**PARTICIPANT RELEASE
ADULT**

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

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

For and in consideration of Baylor University permitting me 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 I ever had, now have, or may have in the future or which my 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 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 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.

PARTICIPANT SIGNATURE

DATE