



Nina B. Hollis Wellness Center Group Waiver Form

Date of Event: _____	
Responsible Party: _____	Phone: _____
Department/Organization: _____	

Welcome to the Florida Southern College Nina B. Hollis Wellness Center (HWC). We request your understanding and cooperation in maintaining both your safety and health by reading and signing the following informed consent/waiver agreement.

Included in this agreement, the above party agrees to abide by all policies and procedures outlined by the HWC and/or Florida Southern College. The above party also understands that any breach of these guidelines may result in the forfeiture of future facility usage privileges.

The above party understands that activities in the HWC have an inherent degree of risk of accidents even when highly supervised. The above party agrees to accept responsibility for all expenses associated with any accident or illness incurred by any member of the group while participating in activities at the HWC. The above party agrees to accept responsibility for all expenses associated with any damages to the HWC facility caused by party's usage of the facility.

The above party hereby waives, releases, and forever discharges Florida Southern College, the HWC, and its employees from any and all claims, suits, losses, or related causes of action from damages, including, but not limited to, such claims that may result from injury or death, accidental or otherwise, during or arising from the above party's participation.

_____	_____
Responsible Party	Date

_____	_____
Michael McElveen Assistant Director of Wellness	Date

_____	_____
Kelly Andrews Assistant Dean of Wellness	Date