



Wellness Center

## Student Membership Activation

I agree to abide by the rules and regulations established by the MCG Wellness Center, as they exist now, and as they may be modified in the future. I may obtain a copy of all such rules and regulations at [www.mcg.edu/wellness/standardterms.pdf](http://www.mcg.edu/wellness/standardterms.pdf). MCG reserves the right to amend our rules and regulations without notice, but changes will be posted at the same location.

I also assume the risk of any activity that I engage in at the MCG Wellness Center, and at any event sponsored or presented by the Medical College of Georgia or its Student Government Association, on or off campus. I agree that I am familiar with the risks of the activities in which I will engage. If I have questions concerning the risks of any activity, I may consult with the coach or referee of the activity, or with the Wellness Center staff.

I am aware that participation in physical activities involves a higher degree of risk than normal activities. It is my sole responsibility to consult a physician if in doubt. The Medical College of Georgia cannot assume responsibility for the loss of personal property or injury to participants. Participants must present proper ID for facility and program participation.

\_\_\_\_\_  
Printed Name of Student

\_\_\_\_\_  
Signature of Student

\_\_\_\_\_  
School / Program / Year of Graduation

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Witness

\_\_\_\_\_  
Signature of Witness

\_\_\_\_\_  
Date