

## Induction Waiver Form

I confirm that as a user of the University of Worcester's commercial gym equipment I am fully aware of the potential risks of using such equipment. I therefore waive my participation in a fitness suite induction & I do so on the understanding that I will not hold the University or any of its representatives responsible for any subsequent injury, ill-health or loss of life due to my voluntary withdrawal from the induction process.

I have read this and I understand that I enter into this agreement completely at my own discretion.

**Clients Name:** \_\_\_\_\_

**Clients Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_