



Application for Locker Room Access for UBIke Participants

Name: _____ C#: _____

Phone #: _____ E-Mail: _____

- Full-time employee
- Part-time employee
- Student (non-member)

As a participant in the University’s UBIke initiative, the individual listed above will receive a card allowing locker room only access to the Medical Wellness Center. By signing below the participant agrees to the following:

- UBIke participants will check in and check out with the Front Desk staff each time they utilize the locker room. **Participants must show both their UBIke card and their Cane Card or access will not be granted.**
- UBIke cards only allow for the usage of the Medical Wellness Center locker rooms. The participant will not use their card to gain access to any other areas or activities in the facility.
- UBIke access cards will expire one year from the date of issue. Participants will need to visit the Front Desk to renew their access card.
- Participants of the UBIke program may utilize one free bath towel per visit.
- If needed, daily lockers are available for free and monthly lockers can be rented in the Membership Office. Participant must provide lock or purchase one in the Membership Office.

Misuse of the UBIke access card or inability to adhere to the above guidelines will result in immediate termination of Medical Wellness Center access.

WAIVER AND RELEASE OF LIABILITY

I agree that the Center, the University of Miami, its Board of Trustees, officers, agents and employees shall not be responsible for injury, death or loss of property which may directly or indirectly result from my activities at and use of the Center’s facilities for any reason whatsoever, including negligence on the part of the Center, the University of Miami, its Board of Trustees, officers, agents or employees

Furthermore, I hereby release, waive, and discharge the Center, the University of Miami, its Board of Trustees, officers, agents and employees from and for any and all liability, present or future, to me, my personal representative, assigns, heirs and next of kin for any injury, loss or property damage which may result from my presence or participation in activities at the Center or use of the Center’s facilities for any reason whatsoever, including the negligence of the Center, the University of Miami, its Board of Trustees, officers, agents and employees.

I hereby expressly agree that this Waiver and Release of Liability is intended to be as broad and inclusive as permitted by the laws of the State of Florida and that if any portion hereof is held invalid, the remainder of the waiver will continue in full legal force and effect. I further agree that the venue for any legal proceedings shall be Miami-Dade County, Florida.

I confirm that I am of legal age and am freely signing this Agreement and Waiver and Release of Liability. I have read this form and fully understand that by signing it, I am giving up legal rights and/or remedies which may be available to me for the negligence of the Center, the University of Miami or any of the parties listed above. I also acknowledge having received a completed signed copy of this Agreement.

Participant’s Signature

Wellness Employee Signature

Dated this _____ day of _____, 20__.

Print Name of Wellness Employee