



Use of the Locker Rooms, ANC 101

The John A. Burns School of Medicine has locker rooms and showers in the Ancillary Building, room 101A. The use of these facilities is limited to daily use during between 7:00 am and 6:00 pm; Daily, (closed during holidays and scheduled closures). Access to these rooms requires understanding and agreeing to the JABSOM ANCILLARY BUILDING SHOWER FACILITIES ASSUMPTION OF RISK AND RELEASE form, approval, and the addition of the privilege on a valid JABSOM Access Card.

Requests shall be submitted by email to jabsom-security@lists.hawaii.edu.

A confirmation email will be sent when a signed Risk and Release form is received and access is added on to the individual's card.

Users Terms and Conditions:

1. The hours of operations for the locker rooms are Daily, 7:00am-7:00pm.
2. The door to this area requires a scan of your JABSOM Access Card to enter.
3. Ensure the door is secured after you enter or exit.
4. Do not allow piggybacking. Allowing unauthorized individuals into the area is prohibited. Everyone must scan their JABSOM Access Card to enter.
5. JABSOM Security will not be allowed to open the area for anyone without prior authorization from the Building and Security Engineer.
6. Access to this area is exclusively for the use of the locker rooms, showers, and bathroom facilities.
7. Lockers are for use while at work or studying at JABSOM. Individuals must provide their own lock to secure a locker. Locks may be cut to open lockers deemed abandoned. Notices will be posted at least 72 hours in advance of cutting a lock.
8. Access to this area may be revoked at the discretion of the JABSOM Facilities Director.
9. Notices will be posted to inform users of anticipated closure of the area for any reason. Emergency and unanticipated closures may not get any warnings prior to the closure.
10. Individuals must provide their own toiletries and towels for use in the showers.
11. Remove all toiletries and towels from the showers after use. Any items left in the shower areas may be disposed of without prior notice.
12. Report any unsafe conditions immediately to either JABSOM Facilities Management or JABSOM Security.

10/16/2017



UNIVERSITY of HAWAII®

MĀNOA

JABSOM ANCILLARY BUILDING SHOWER FACILITIES

ASSUMPTION OF RISK AND RELEASE

I, the undersigned wish to utilize the shower, locker room and/or bathroom facilities in JABSOM's Ancillary Building (hereinafter "Facility"). I understand that use of this Facility may expose me to a risk of injury. The risks of injury may include, but are not limited to, injuries associates with tripping, falling or slipping, such as minor bruises, lacerations, sprains or strains to serious catastrophic injuries including permanent disability or death.

I understand that access to the Facility will be restricted and that permission must be granted by JABSOM Security Engineer and that access cards must be modified to allow me to gain access to the Facility during prescribed times.

I acknowledge that it is my responsibility to know my general state of health and to know whether I have any medical condition which makes my use of the Facility inadvisable. I acknowledge that it is recommended that I determine whether I have adequate insurance or protection in case of any injury resulting from my use of the Facility. I understand that the JABSOM or the University of Hawaii does not provide health insurance or otherwise indemnify individuals with respect to injuries or other liabilities arising out of use of the Facility.

In consideration of being permitted to utilize the Facility and in full recognition and appreciation of the dangers and hazards inherent in the use of the Facility, I voluntarily assume full responsibility for any loss, property damage or personal injury, including death that may be sustained as a result of my use of the Facility. Further, I, for myself, my heirs, personal representatives, or assigns, do hereby release, waive, discharge and covenant not to sue JABSOM, the University of Hawai'i, State of Hawai'i, their officers, employees and agents from any and all claims resulting in property damage or personal injury or illness or death arising from my use of the Facility, the inherent risks in the use of the Facility or growing out of or caused by my acts or omissions during my use of the Facility.

I agree that if any portion is held invalid, the remainder will continue in full force and effect.

I have read this Assumption of Risk and Release and I understand that I am giving up substantial rights, including the right to sue. I acknowledge that I am signing this agreement freely and voluntarily.

Signature _____ Date _____

Printed Name _____

10/16/2017