



曹光彪書院
健身室使用者同意書
Chao Kuang Piu College
Fitness Room User Consent Form

I, (full name) _____ (please specify: Staff / Student / Others
_____ ; Student ID/Staff ID _____) hereby agree to
follow the terms and conditions prescribed in the Fitness Room and I also
acknowledge my health conditions are suitable for fitness exercise. I also clearly
understand that I will be fully responsible for injuries that may possibly occur
through the use of fitness equipment. The University of Macau and the
management team of the fitness facilities hold no liabilities for my own injuries.

本人 (全名) _____ (請註明：職員/學生/
其他：_____ ; 學生證編號/職員編號 _____) 現
同意遵守健身室所規定的使用條款及細則，並確認自身的健康狀況適宜進
行健身運動。我也清楚我需全面負責自使用健身器材時所造成的任何傷害
或受傷。澳門大學和健身設備的管理團隊毋須為本人身上的傷害或受傷負
上責任。

Signature/簽名 _____

Date/日期 _____