

# Waterhouse Center

## Facilitating Team Solutions

### RELEASE OF LIABILITY

In consideration of being allowed to participate in any way in the Waterhouse Center program, its related events and activities the undersigned, acknowledge, appreciate, and agree that:

1. The risk of injury from the activities involved in this program is significant, including the potential for permanent paralysis and death, and while particular skills, equipment, and personal discipline may reduce this risk, the risk of serious injury does exist; and,
2. I knowingly and freely assume all such risks, both known and unknown and assume full responsibility for my participation; and,
3. I willingly agree to comply with the stated and customary terms and conditions for participation. If, however, I observe any unusual significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of Waterhouse Center immediately; and,
4. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, hereby release, indemnify, and hold harmless the Waterhouse Center, their officers, officials, agents and/or employees, other participants, sponsoring agencies, sponsors, advertisers, and, if applicable, owners and lessors of premises used for the activity ("Releasees") with respect to any and all injury, disability, death, or loss or damage to person or property to the fullest extent permitted by law.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT INDUCEMENT.

\_\_\_\_\_/\_\_\_\_\_  
PARTICIPANT'S SIGNATURE (please print name) Date\_\_\_\_\_

#### **FOR PARENTS/GUARDIANS OF PARTICIPANTS OF MINOR AGE (UNDER AGE 18 AT TIME OF REGISTRATION)**

This is to certify that I, as parent/guardian with legal responsibility for this participant, do consent and agree to his/her release as provided above all the Releasees, and, for myself, my child and our heirs, assigns, and next of kin, I release and agree to indemnify and hold harmless the Releasees from any and all liabilities incident to my minor child's involvement or participation in these programs as provided above to the fullest extent permitted by law.

\_\_\_\_\_/\_\_\_\_\_  
PARENT/GUARDIAN'S SIGNATURE (please print name) Date\_\_\_\_\_

#### **PHOTO RELEASE**

I, \_\_\_\_\_, grant Waterhouse Center the right to use, reproduce, assign, and/or distribute photographs, films, videotapes and sound recordings of myself, for use in materials they may create.

\_\_\_\_\_  
SIGNATURE OF PARTICIPANT DATE\_\_\_\_\_

\_\_\_\_\_  
SIGNATURE OF PARENT OR GUARDIAN DATE\_\_\_\_\_

### **PLEASE COMPLETE & ATTACH MEDICAL HEALTH INFORMATION FORM**