



**Waiver and Release of Claim Form**

For and in consideration for any participation or use of the facilities or property of the Sahlen Sports Park LLC (herein after "SSP"), I hereby release, waive, discharge and assume any and all risks and liabilities associated with my participation, use or association with the SSP and release and waive any and all rights and claims that I, my heirs, executors, successors or assigns, may now, or in the future, have against the SSP.

This agreement applies to 1) personal injury (including death) from accidents or illnesses arising directly or indirectly from participation in activities directed, suggested, or planned by SSP including, but not limited to, organized activities, classes, instruction, observation, related activities in a non-supervised setting, and use of facilities, premises, or equipment; and to 2) any and all claims resulting from the damage to, loss of, or theft of property.

I further agree to indemnify and hold harmless and defend the SSP, its agents, employees, directors, officers and affiliates, from any claims resulting from the injuries, damages, illnesses and losses sustained by me or caused by me arising out of the association, connection with or in any way with my participation in any fitness and conditioning activities conducted at SSP.

I further state that I am in proper physical and mental condition to participate in the SSP related activities. Injuries may result in the participation in the SSP or its related activities, such as, but not limited to broken bones, torn ligaments, pulled muscles, bruises, etc. I am willing and voluntarily assume all risks in my use of the facilities and all equipment within the SSP and this general release of any liability is expressly executed and delivered by me to the SSP for the express purpose of enabling me to be permitted access and use of all the facilities.

**SSP PARTICIPANT INFORMATION:**

Please fill out both sides of this form.

Last Name		First Name		Middle Initial
Street Address		City	State	Zip
( )	( )	/ /		
Home Phone	Work Phone	Gender	D.O.B.	Age

Email Address : \_\_\_\_\_

**I acknowledge that I am signing the agreement freely and voluntarily and intend my signature to signify a complete assumption of the inherent risks in any way associated with my participation, use, or association with the SSP:**

\_\_\_\_\_  
Signature Date

**I agree to the terms of this waiver and release of claim of behalf of the minor identified above and attest that I am at least eighteen (18) years of age and am responsible for this minor.**

\_\_\_\_\_  
Last Name First Name Middle Initial

\_\_\_\_\_  
Signature Date

Participant's Name : \_\_\_\_\_

Mother's Name : \_\_\_\_\_

Employer : \_\_\_\_\_ Phone : (    ) \_\_\_\_\_

Father's Name : \_\_\_\_\_

Employer : \_\_\_\_\_ Phone : (    ) \_\_\_\_\_

Medical Conditions / Allergies :  
\_\_\_\_\_  
\_\_\_\_\_

PERSON TO NOTIFY IN CASE OF AN EMERGENCY :

( 1<sup>st</sup> Contact)

Name : \_\_\_\_\_ Relationship : \_\_\_\_\_

Address : \_\_\_\_\_  
\_\_\_\_\_ Phone : (    ) \_\_\_\_\_

( 2<sup>nd</sup> Contact)

Name : \_\_\_\_\_ Relationship : \_\_\_\_\_

Address : \_\_\_\_\_  
\_\_\_\_\_ Phone : (    ) \_\_\_\_\_

**IN THE EVENT OF MY ABSENCE, I HEREBY GRANT THE SAHLEN SPORTS PARK AND ITS REPRESENTATIVES THE PERMISSION TO DECIDE FOR AND / OR SIGN FOR PREVENTATIVE AND / OR EMERGENCY MEDICAL TREATMENT OF MY CHILD.**

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Date