

**PARTICIPANT RELEASE, WAIVER OF CLAIM AND  
ACKNOWLEDGEMENT AND ASSUMPTION OF RISK**

In consideration of permission granted to me now or in the future by [ATHLETIC FACILITY] (the "Facility") to utilize the [list applicable athletic and/or sports equipment] (the "Equipment") or participate in any activities associated with the Equipment, I agree and acknowledge that:

**(please initial in each space provided)**

\_\_\_\_\_ I will abide by all rules and regulations imposed by the Facility upon the participants in the use of the Equipment.

\_\_\_\_\_ I am aware of the risks and hazards inherent in the nature of the use of the Equipment, and I have full knowledge of the nature and extent of these risks and hazards. I understand that in using the Equipment I may suffer personal injury or death.

\_\_\_\_\_ Notwithstanding that I am fully aware of such risks and hazards, I freely and voluntarily assume the risks involved in the use of the Equipment and in doing so, I understand that I shall be responsible for any loss, injury or damage I may sustain, and that my use of the Equipment shall be entirely at my own risk.

\_\_\_\_\_ I hereby waive any and all claims I now have or in the future have against and release from all liability and do hereby indemnify and save harmless the Facility from any claim, including any claim for medical expenses arising from my use of the Equipment, and I hereby agree not to sue the Facility and its directors, officers, employees, agents and representatives (collectively "its staff") for any personal injury, death, property damage or loss sustained by me as a result of my use of the Equipment, to any cause whatsoever, including, without limitation, negligence on the part of the Facility or its staff.

\_\_\_\_\_ I acknowledge that I have received such medical advice and services as the Facility, in its sole discretion, deems necessary for my health and safety and I agree that I shall be responsible for paying all costs of such advice and services.

\_\_\_\_\_ I am aware of the nature and effect of this Release, Waiver of Claim and Acknowledgement and Assumption of Risk. My voluntary signature on this Release, Waiver of Claim and Acknowledgement and Assumption of Risk is binding upon myself, my heirs, my executors, administrators, personal representatives and assigns.

\_\_\_\_\_ I am executing this Release, Waiver of Claim and Acknowledgement and Assumption of Risk freely and voluntarily without any compulsion on behalf of the Facility.

\_\_\_\_\_ I acknowledge that I have read this entire Agreement prior to signing it.

\_\_\_\_\_ I hereby represent and warrant that I am of the full age of eighteen years or older, and I am under no disability that would render me unable to sign and be fully bound by the provisions of this Release, Waiver of Claim and Acknowledgement and Assumption of Risk.

**INTENDING TO BE LEGALLY BOUND**, I have executed this Release, Waiver of Claim and Acknowledgement and Assumption of Risk this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
**Name (please print)**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Street Address**

\_\_\_\_\_  
**City/Province/Zip/Postal Code**

\_\_\_\_\_  
**Business Phone/Home Phone**

\_\_\_\_\_  
**Birthdate**

