

CLUB NAME

RELEASE OF LIABILITY

In exchange for participation in the activity of _____
organized by: CLUB NAME _____,
ADDRESS _____

and/or use of the property, facilities and services of CLUB NAME

I agree for myself and/or a member(s) of my family, to the following:

1. to observe and obey **all posted rules and warnings**, and further agree to follow any **oral instructions or directions** given by CLUB NAME, or the employees, representatives or agents of CLUB NAME.

2. **recognize that there are certain inherent risks** associated with the above described activity and I assume full responsibility for personal injury to myself and (if applicable) my family members, and further release and discharge CLUB NAME for injury, loss or damage arising out of my or my family's use of or presence upon the facilities of CLUB NAME, whether caused by the fault of myself, my family, USAIGC or other third parties.

3. agree to indemnify and defend CLUB NAME against all claims, causes of action, damages, judgments, costs or expenses, including attorney fees and other litigation costs, which may in any way arise from my or my family's use of or presence upon the facilities of CLUB NAME.

4. agree to pay for all damages to the facilities of CLUB NAME caused by my or my family's negligent, reckless, or willful actions.

5. consent to the participation of my son, daughter, etc, student of CLUB NAME , participating in _____

and agree on behalf of the above minor to all of the terms and conditions of this Agreement. By signing this Release of Liability, I represent that I have legal authority over and custody of student.

Childs Name (s) _____

In the event of an injury to the above minor(s) during the above described activities, I give my permission to CLUB NAME or to the employees, representatives or agents of CLUB NAME to arrange for all necessary medical treatment for which I shall be financially responsible. This temporary authority will begin on DATE CLASS BEGINS and will remain in effect until terminated in writing by the undersigned or ENDING CLASS DATE, whichever occurs first. CLUB NAME shall have the following powers:.

- a. The power to seek appropriate medical treatment or attention on behalf of my child as may be required by the circumstances, including without limitation, that of a licensed medical physician and/or a hospital;
- b. The power to authorize medical treatment or medical procedures in an

emergency situation; and

c. The power to make appropriate decisions regarding clothing, bodily nourishment and shelter.

d. Any legal or equitable claim that may arise from participation in the above shall be resolved under State law.

I HAVE READ THIS DOCUMENT AND UNDERSTAND IT. I FURTHER UNDERSTAND THAT BY SIGNING THIS RELEASE, I VOLUNTARILY SURRENDER CERTAIN LEGAL RIGHTS.

Dated: _____

Signature: _____

Name: parent/legal guardian: _____

Address: _____

City _____ State _____ Zip _____

In case of an emergency, please call parents (Relationship: _____

at _____ Ext. _____

Day, _____ Ext. _____

Evening _____ Ext. _____