

Waiver of Liability, Assumption of Risk & Indemnity Agreement Facilities Use Waiver - Athletics

	Name of Facility/Class		
Борагинот	Harris of Fashing, Glass		
staff, equipment and services of		yself, my heirs, p	ersonal
	y release, waive, discharge, and covena		
	ia, its directors, officers, employees, and a		•
	negligence of Name of Facility or Class		
	es (including death), and property loss arisi , observation, and use of facilities, premises	-	limited
Assumption of Risks: Physical ac	tivity, by its very nature, carries with it certai	n inherent risks t	hat
cannot be eliminated regardless of t		e of Facility or Class	iiat
•	es such as weight lifting, running, aerobic a	* * * * * * * * * * * * * * * * * * * *	and
	volve strenuous exertions of strength using		
. •	blying speed and change of direction, and o		•
physical activity which places stress			
	one activity to another, but the risks range f	rom 1) minor iniu	ries
	ains 2) major injuries such as eye injury or l	,	
•	ons 3) catastrophic injuries including paraly		
	,		
	aragraphs and I know, understand, and a		
	e activities made possible by Name of	*	I
hereby assert that my participatio	n is voluntary and that I knowingly assu	me all such risk	(S.
Indomnification and Hold Harmle	ss: I also agree to INDEMNIFY AND HOLD) The Pegents of	the
	from any and all claims, actions, suits, pro-	•	uic
•	ncluding attorney's fees brought as a result		ant at
	and to reimburse them for any such expen	•	iii ai
Name of Pacifity of Class	and to reimburse them for any such expen	oco incurrea.	
Severability: The undersigned furth	er expressly agrees that the foregoing wai	ver and assumpti	ion of
risks agreement is intended to be as	s broad and inclusive as is permitted by the	law of the State	of
California and that if any portion the	reof is held invalid, it is agreed that the bala	ance shall,	
notwithstanding, continue in full lega	al force and effect.		
•	ng: I have read this waiver of liability, assur	•	
	nd its terms, and understand that I am give	• .	itiai
	l acknowledge that I am signing the agreen	•	-1. 1114
	ture to be a complete and unconditiona	i reiease of all il	ability
to the greatest extent allowed by lav	V.		
Signature of Participant	Print Name of Participant	Date A	Age (if Minor)
Signature of Parent/Guardian of Participant if Minor	Print Name of Parent/Guardian of Participant if Minor	 Date	
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