



Waiver & Release of Liability

LINDSAY WELLNESS CENTER & RECREATION DEPARTMENT



PARTICIPATION CONTACT & EMERGENCY CONTACT INFORMATION			
Participant Name:	C Male C Female	Birthday:	
Medical Conditions:		Grade:	
Medications:			
Mailing Address:			
Email Address:			
Parent/Guardian Name:		Daytime Phone:	
Emergency Contact: Not a parent/guardian			
Daytime Phone:		Cell Phone:	

I, the undersigned, certify that I am in good physical condition and wish to participate in the Lindsay Wellness Center. If I am pregnant, I understand that I may be limited to what activities I participate in.

I hereby acknowledge that I have voluntarily applied to participate in recreational activities at the Lindsay Wellness Center.

I am aware that serious accidents occasionally occur in conjunction with the types of activities offered at the Lindsay Wellness Center; and that participants may sustain serious injury or even death and/or property damages as a consequence thereof. I understand that there is risk of injury to muscles, tendons, ligaments, joints, ankles, legs, arms, wrists, and hands while competing in activities offered at the Lindsay Wellness Center. I understand that none of the pool equipment, exercise equipment or activities facilities can be guaranteed to be free of defects and that there is a risk of injury as a result of the normal wear and tear on such. I understand that in addition to the above- mentioned risks, there are unpredictable dangers involved in the types of activities offered at the Lindsay Wellness Center. If, however, I observe any unusual and/or significant hazard I will bring such to the attention of the nearest staff official immediately and remove myself from participation if necessary.

In consideration of my participant in the activities offered at the Lindsay Wellness Center, I voluntarily release the Lindsay Wellness Center, the City of Lindsay, or their officers, agents, employees, and volunteers from any and all liability for injuries or deaths, or property damage resulting from or in any way connected with my participation in the activities offered at the Lindsay Wellness Center, and I understand that this waiver and release is applicable even through the negligent activities of the Lindsay Wellness Center, the city of Lindsay, the sponsors, or their officers, agents, employees, or volunteers may have caused of my heirs and dependents as well as myself.

I freely and voluntarily expressly assume all the risks of participating in these activities. I also certify that I am physically fit, have sufficiently trained for participation in the activities offered at the Lindsay Wellness Center and have not been advised otherwise by qualified medical personnel. I authorize you to call my family physician in case of emergency. I understand I may be photographed. I agree to allow photos, videos, or film likeness of me to be used for any legitimate purpose by the program officials, producers, sponsors, organizers, or assigns. Lastly, I agree to accept and abide by the rules and regulations of the Lindsay Wellness Center & City of Lindsay.

I have read this release of liability and assumption of risk agreement, fully understand and sign freely and voluntarily without inducement. If a participant is not yet of legal age, the Waiver of Liability must be read and agreed to by his/her parent or legal guardian.

Name of Participant	Signature of Participant	Date
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Parent/Guardian Name	Signature of Parent/Guardian	Date
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