

Waterhouse Center, Inc.

In consideration of being allowed to participate in any way in the Waterhouse Center program, its related events and activities the undersigned, acknowledge, appreciate, and agree that:

1. The risk of injury from the activities involved in this program is significant, including the potential for permanent paralysis and death, and while particular skills, equipment, and personal discipline may reduce this risk, the risk of serious injury does exist; and,
2. I knowingly and freely assume all such risks, both known and unknown and assume full responsibility for my participation; and,
3. I willingly agree to comply with the stated and customary terms and conditions for participation. If, however, I observe any unusual significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of Waterhouse Center immediately; and,
4. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, hereby release, indemnify, and hold harmless the Waterhouse Center, Inc., their officers, officials, agents and/or employees, other participants, sponsoring agencies, sponsors, advertisers, and, if applicable, owners and lessors of premises used for the activity ("Releasees") with respect to any and all injury, disability, death, or loss or damage to person or property to the fullest extent permitted by law.
- 5.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT INDUCEMENT,

_____/_____ Date _____
PARTICIPANT'S SIGNATURE (please print name)

FOR PARENTS/GUARDIANS OF PARTICIPANTS OF MINOR AGE
(UNDER AGE 18 AT TIME OF REGISTRATION)

This is to certify that I, as parent/guardian with legal responsibility for this participant, do consent and agree to his/her release as provided above all the Releasees, and, for myself, my child and our heirs, assigns, and next of kin, I release and agree to indemnify and hold harmless the Releasees from any and all liabilities incident to my minor child's involvement or participation in these programs as provided above, even if arising from the negligence of the Releasees, to the fullest extent permitted by law.

_____/_____ Date _____
PARENT/GUARDIAN'S SIGNATURE (please print name)

TURN OVER AND COMPLETE MEDICAL HEALTH INFORMATION

MEDICAL HEALTH INFORMATION

Height _____ Weight _____ Age _____ Health: Excellent ____ Good ____ Fair ____ Poor ____

DO YOU HAVE ANY TEMPORARY OR PERMANENT PHYSICAL DISABILITIES OR HANDICAPS (e.g. BAD BACK, HEART CONDITION)? _____ EXPLAIN _____

Have you had major surgery recently? _____ Explain _____

Have you had a major illness recently? _____ Explain _____

Are you currently taking any prescribed or over-the-counter medication (e.g. cold medicine)? _____ Please state what you are taking and what condition it is for: _____

Do you have any allergies or reactions to medications? _____ Explain _____

Do you have asthma? _____ Describe severity _____

Do you carry an inhaler? _____

DO YOU HAVE ANY OTHER RESTRICTIONS OF ACTIVITIES FOR MEDICAL REASONS? _____ EXPLAIN _____

Person to notify in case of an emergency:

NAME: _____ RELATIONSHIP _____

PHONE: _____ ADDRESS: _____