

RELEASE & WAIVER OF LIABILITY

In consideration of being allowed to participate in any way in the building known as Sowers Gym owned by Thompson Corner LLC and located at 25878 Thompson Rd, Williamsport, Ohio for the purpose of sports activities, I agree for myself and (if applicable) members of my family to the undersigned:

- 1) Acknowledge that it is the participant’s responsibility to be properly insured and/or pay all medical costs in the event of an injury and to be knowledgeable of where to contact assistance in the case of an emergency.
- 2) Assume all foregoing risks and accept personal responsibility for the damages following such injury, permanent disability or death.
- 3) Release, waive, discharge and covenant not to sue, Thompson Corner LLC or its members, heirs, executors, administrators, legal representatives and assigns, coaches and volunteers, corporate sponsors, advertisers, other participants all of which are hereinafter referred to as “releases”, from demands, losses, or damages on account of injury, including death or damage to property, caused or alleged to be caused in whole or in part by the negligence of the releasee or otherwise.
- 4) Agrees that all exercises, activities and use of facilities shall be undertaken by me at sole risk and that Thompson Corner LLC and it’s members shall not be liable for any claims, demands, injuries, damages, actions, or causes of action, whatsoever to me or my property arising out of or connected with the use of any of the services, activities and facilities of the premises where same are located and I do hereby expressly forever release and discharge Thompson Corner LLC and it’s members from all such claims, demands, injuries, damages, actions or causes of action, and from all act is of active or passive negligence on the part of Thompson Corner LLC, and it’s members.
- 5) In the event that injury or illness while participating in any event at 25878 Thompson Rd, Williamsport, Oh, I hereby authorize any emergency first aid, medication, medical treatment or surgery necessary by licensed medical personnel. I also give my permission for attending medical personnel to execute on my behalf if I am not immediately available to do so. This includes the cost for transportation to an emergency facility and /or hospital.
- 6) Agrees that participant does not have any physical limitations, medical ailments, physical or mental disabilities that would limit or prevent them from participation.
- 7) I agree to observe and obey all posted rules and warnings, and further agree to follow any oral instructions or directions given by Thompson Corner LLC and it’s members, Sowers Gym or the employees, representatives or agents of the Sowers Gym.
- 8) I agree to pay for all damages to the facilities of the Sowers Gym caused by me or my family’s negligent, reckless, or willful actions.

THE UNDERSIGNED HAS READ THE ABOVE WAIVER AND RELEASE, UNDERSTANDS THAT THEY HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT AND SIGN IT VOLUNTARILY.

Signature (each Participant and a parent/legal guardian of minor participant must sign a release and waiver of liability form to participate)

Printed Name of Participant	Participants Signature	Date	Birth Date
_____	_____	_____	_____

Printed Name of Parent/Legal Guardian	Parents/Guardian’s Signature	Date
_____	_____	_____