



Life Center

Release and Waiver Form

I, (print name) _____ understand that my decision to participate in a Life Center's (LC) activities is entirely voluntary. For and in consideration of my being permitted to participate in LC, I fully accept the responsibility and assume the risk of any injury or damage suffered by me, either directly or indirectly, while participating. I understand that the LC does not assume any responsibility for my safety in connection with LC activities.

I hereby expressly release, discharge, and hold harmless LC, Fountain of Life Center, Life Center Academy and all affiliated organizations, its officers, agents, and employees from any liability and claims resulting from damage and/or injury to my person or property in connection with LC activities.

I further agree to indemnify and hold harmless from all claims, costs, liabilities, expenses, or judgments arising out of any loses, damages, illness, deaths, or other casualties suffered by me or any other person, LC, Fountain of Life Center, Life Center Academy and all affiliated organizations in connection with my participation in LC activities.

It is my intention, by this instrument, to exempt LC, Fountain of Life Center, Life Center Academy and all affiliated organizations, and relieve from liability for personal injury, property damage or wrongful death caused by negligence or otherwise, to the full extent of applicable laws. I agree that under no circumstances will I prosecute or present any claim for personal injury, property damage or wrongful death against the LC, Fountain of Life Center, Life Center Academy and all affiliated organizations, arising out of or connected in any way with my participation in or presence at LC activities at any time, whether as a result of LC, Fountain of Life Center, Life Center Academy and all affiliated organizations.

PLAYER INFORMATION

Printed Player's Name: _____ Circle: Female Male

Address: _____

Date of Birth: ___ / ___ / ___ Phone Number: _____ Circle: Home Work Cell

Email: _____

Signature (18 or older): _____ Date: ___ / ___ / ___

With my signature below, I certify that I (or parent or legal guardian if participant is under 18 years of age) have read and understand this Release and Waiver. I further certify that it is my intention, by signing this Release and Waiver that it is binding upon my heirs, administrators, executors, successors, and assigns. I am signing this Release and Waiver voluntarily and understand that it is legally binding.

PARENT/GUARDIAN INFORMATION

Printed Name of Parent/Guardian: _____ Circle: Female Male

Address: _____

Phone Number: _____ Circle: Home Work Cell

Email: _____

Parent/Guardian Signature (18 or older): _____ Date: ___ / ___ / ___