



Waiver, Release of Liability and Consent to Medical Attention

In consideration for my being allowed to participate in Miller Center for Recreation and Wellness (hereinafter, the "Center") programs and opportunities, I, _____, and if I am not yet 18 years old, my parent or legal guardian (individually and collectively referred to below in the first person singular) agree to be bound by each of the following:

1. Obligation to Inspect Facilities and Equipment

I agree that prior to participating in Miller Center for Recreation and Wellness; I will inspect the facility to be used. If I believe anything to be unsafe, I will immediately advise the Center of such unsafe condition(s) and may decline to participate in the Center.

2. Identification of Risks

I understand that participation in the Center may involve risk of serious injury, disability and death and perhaps damage to property.

3. Assumption of Risk

I am physically and psychologically ready to participate in the Center and knowingly and freely assume all such risks as identified above, whether known or unknown, connected with my participation in the Center. I accept personal responsibility for any liability, injury, loss or damage in any way connected with my participation in the Center.

4. Waiver and Release

I release, indemnify, and hold harmless the Center and its officers, officials, agents, employees, volunteers, owners and lessors of the premises used for participation in the Center (collectively, the "Releasees") with respect to all claims for any liability, injury, loss, or damage in any way connected with my participation in the Center, whether or not caused in whole or in part by the negligence of any of Releasees. I intend for this waiver and release to also apply to my personal representatives, heirs, assigns, next of kin, and assigns who might pursue any legal action or claim for such liability, injury, loss or damage. I further intend that this waiver and release shall be effective indefinitely, including all renewals of memberships or participation in other programs or opportunities of the Center, and unless and until I provide written notification to the Center to the contrary.

5. Consent to Medical Treatment

I agree that the Center may, but has no duty to provide me, through medical personnel of their choice, customary medical or training assistance, transportation, and emergency medical services.

I HAVE READ THIS WAIVER, RELEASE AND CONSENT AND UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT. I AM SIGNING THIS WAIVER, RELEASE AND CONSENT VOLUNTARILY.

Signature _____ Date _____

If the person participating in the Activity is not yet 18 years old: As a parent or legal guardian of the above named child, I verify that I fully agree to, understand, and accept all provisions of this Waiver, Release and Consent for myself, my child and our personal representatives, heirs, assigns, and next of kin.

Signature _____

Printed Name _____ Date _____