

WAIVER OF LIABILITY

Name: _____

Address: _____

Street

Apt#

City

State

Zip Code

Phone Number: () _____

Age: _____

Date of Birth: _____ Emergency Contact's Name: _____

Emergency Contact's Phone Number: (Main) _____

Physician's Name: _____ Physician's Number: _____

I, _____, on behalf of myself, and any descendants, ancestors, heirs, executors and administrators (hereinafter collectively "Applicant") do hereby acknowledge that I will be participating in a Program located at the Jewish Community Center (hereinafter "Facilities"). I understand that I am participating in "PROGRAM" at these Facilities at my own risk and that Superior Aquatic Training and the Jewish Community Center is in no way responsible for me. I hereby represent that I am in good health, I have no communicable diseases, I have no physical or medical condition that would interfere with my use of the equipment, and I have consulted with my physician to confirm that I am medically permitted and able to use the equipment.

I do hereby knowingly, freely and voluntarily release, acquit, waive, discharge and covenant to hold harmless the, Superior Aquatic Training and the Jewish Community Center any and all of its departments, its officers, employees, agents, volunteers and their respective heirs, successors and assigns from any and all liability claims, causes of action, suits, controversies, contracts, promises, damages, debts, costs, expenses, loss of services, compensation, judgments, executions or demands whatsoever which may be sustained by me directly or in whole or in part which may be caused due to my own actions or inaction, due to the actions or inaction of any third party, or due to the negligence of Superior Aquatic Training and the Jewish Community Center any and all of its departments, its officers, employees, agents, volunteers or otherwise.

I hereby give Superior Aquatic Training and the Jewish Community Center the right to refuse to allow me to participate in the Program if they have determined in its sole discretion that it is in the best interest of Superior Aquatic Training and the Jewish Community Center or the Applicant.

I hereby give Superior Aquatic Training Inc. the authority to authorize emergency transportation and/or emergency treatment to me. I further agree to indemnify the City for the cost associated with any emergency medical services incurred by me in connection herewith.

Video & Photograph Release. I understand and acknowledge that photographs or video recordings may be taken during this course for marketing purposes. I do hereby assign and transfer unto Superior Aquatic Training Inc, its successors and assigns, all my right, title and interest in and to photographs and video recordings made during all course sessions.

I have read this RELEASE AND WAIVER OF LIABILITY form and fully understand that I have given up substantial rights on my behalf by signing this form and have signed it freely and without any inducement or assurance of any nature and intend it to be a complete and unconditional release of any and all liability to the greatest extent permitted by law and agree that if any portion of this RELEASE AND WAIVER OF LIABILITY is held to be invalid or unconstitutional, only that portion shall be voided and the remainder of this document shall continue in full legal force and effect.

Signature of Applicant: _____

Date Signed: _____ Accepted by: _____