



LAFAYETTE SPORTS CENTER

3832 Fortune Drive
Lafayette, Indiana 47905, USA
T: + 1 765 448 6444, F: +1 765 448 6008
www.lafayettesc.com

ADULT WAIVER AND RELEASE OF LIABILITY

In consideration of being allowed to participate in any way in Lafayette Sports Center programs, and related events and activities, the undersigned:

1. Agree that the participant prior to participating, he or she should inspect the facilities and equipment to be used, and if the participant believes anything is unsafe, he or she should immediately advise his or her coach or supervisor of such condition(s) and refuse to participate;
2. Acknowledge and fully understand that each Participant will be engaging in activities that involve risk of serious injury, including permanent disability and death, and severe social and economic losses which might result not only from their own actions, inactions or negligence, but the actions, inactions or negligence of others, the rules of play, or the condition of the premises or of any equipment used. Further, that there may be other risks not known to us or not reasonably foreseeable at this time.
3. Assume all the foregoing risk and accept personal responsibility for the damages following such injury, permanent disability or death;
4. Release, waive, discharge and covenant not to sue Lafayette Sports Center, its affiliated clubs, their respective administrators, directors, agents, coaches, and other employees of the organization, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessees of premises used to conduct the event, all of which are herein-after referred to as "releasees", from any and all liability to each of the undersigned, his or her heirs and next of kin for any and all claims 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 releasees or otherwise.

I HAVE READ THE ABOVE WAIVER AND RELEASE, UNDERSTAND THAT WE HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT AND SIGN IT VOLUNTARILY.

Participant signature Date

Printed Name of Participant _____

Address of Participant _____

City _____ State _____ Zip _____