

**RELEASE OF LIABILITY, WAIVER OF CLAIMS
ASSUMPTION OF RISKS AND INDEMNITY AGREEMENT**

**By signing this document you will waive certain legal rights, including the right to sue.
PLEASE READ CAREFULLY**

AWARENESS AND ASSUMPTION OF RISK

I am aware that GYMNASTICS AND ITS RELATED ACTIVITIES involves risks including risk of personal injury, death, property damage, expense and related loss, including loss of income. Included in these risks are negligence on the part of WOOLWICH CARDINALS GYMNASTICS CLUB INC., its directors, officers, officials and volunteers, other participants and owners of the facilities where the activities occur (referred to in the rest of this agreement as "W.C.G.C. AND OTHERS"). I freely accept and fully assume all such risks and the possibility of personal injury, death, property damage, expense and related loss, including loss of income.

RELEASE OF LIABILITY, WAIVER OF CLAIMS AND INDEMNITY AGREEMENT

In consideration of W.C.G.C. accepting my application to participate in this activity, I agree:

1. To waive any and all claims that I may have in future against W.C.G.C. AND OTHERS.
2. To release the W.C.G.C. AND OTHERS from any and all liability for any personal injury, death, property damage, expense and related loss, including loss of income that I or my next of kin may suffer as a result of my participation in this activity, due to any cause whatsoever, including negligence, breach of contract or breach of any statutory duty of care.
3. To hold harmless and indemnify W.C.G.C. AND OTHERS from any and all liability for any damage to property of, or personal injury to, any third party, resulting from my participation in this activity.
4. That this agreement is binding on not only myself but my next of kin, heirs, executors, administrators and assigns.

I HAVE READ THIS AGREEMENT AND UNDERSTAND IT. I AM AWARE THAT BY SIGNING THIS DOCUMENT I AM WAIVING CERTAIN RIGHTS WHICH I OR MY NEXT OF KIN, HEIRS, EXECUTORS, ADMINISTRATORS AND ASSIGNS MAY HAVE AGAINST W.C.G.C AND OTHERS.

Signed this _____ day of _____, 20____.

_____ Participant's Name: _____ (please print)

Witness

Signature of Applicant

Please Print Name Clearly

Please Print Name Clearly