

Participant Liability Waiver and Hold Harmless Agreement

**PLEASE READ AND  
SIGN AT THE BOTTOM**

*Please read this form carefully and be aware that by registering for and participating in this program(s), or by registering your minor child/ward for participation in this program(s), you will be waiving your rights and/or the rights of your minor child/ward to all claims for injuries you or your minor child/ward might sustain arising out of this program(s) and you will be required to indemnify, hold harmless, and defend the Eastlake Athletic Club and all the employees and agents of Eastlake Athletic Club for any claims arising out of participation in said program(s).*

**Risk of Injury**

As a participant in the programs of Eastlake Athletic Club, or as a parent or legal guardian of a participant under 18 years of age, I recognize and acknowledge that there are certain risks of physical injury, and I agree to assume the full risk of injuries, including death, damages, or loss which I may sustain as a result of participating in any and all activities and programs of Eastlake Athletic Club.

**Waiver of Injury Claims**

I agree to waive and relinquish any and all claims I may have arising out of, connected with, or in any way associated with the activities and programs of Eastlake Athletic Club.

**Release from Liability**

I do hereby fully release and discharge the Eastlake Athletic Club and it's officers, agents, and employees from any and all claims from injuries, including death, damage or loss which I or my minor child/ward may have or which may occur on account of participation in the program.

**Indemnity and Defense**

I further agree to indemnify, hold harmless & defend the Eastlake Athletic Club & it's officers, agents, and employees from any & all claims from injuries, including death, damages & losses sustained by me or my minor child/ward and arising out of, connected with, or in any way associated with the activities & programs of Eastlake Athletic Club.

In the event of emergency, I authorize Eastlake Athletic Club to secure from any licensed hospital, physician, and or medical personnel any treatment deemed reasonable & necessary for my minor child's immediate care & agree that I will be responsible for payment of any & all medical services rendered.

I have read and fully understand and agree to the above Participant Liability Waiver and Hold Harmless Agreement.

\_\_\_\_\_  
Parent/Guardian

\_\_\_\_\_  
Date