

Release of Liability

By my signature below, I signify that I have read, understand and voluntarily agree to the following.

In consideration of the Wartburg-Waverly Sports & Wellness Center at Wartburg College granting the participant permission to participate in activities/programs, I hereby assume all risks of personal injury (including death) and property damage that may result from any activity/program.

I do hereby release and agree to indemnify, defend, and hold harmless Wartburg College, the Board of Regents, the Wartburg-Waverly Sports & Wellness Center, their employees, officials and agents, and all participants in the program/activity from and against all liability, including claims and suits at law or in equity, for damages or injuries, fatal or otherwise, which may result from any negligence or the participant taking part in activities/programs offered by the Wartburg-Waverly Sports & Wellness Center at any location that these activities may take place.

Participant: Please print

Participant Last Name: _____ (Print) First Name _____

Gender : M or F Emergency Contact Person _____ Phone Number _____

Date of Birth _____

Address _____ City _____ State/Zip _____

Email Address: _____ Contact phone number: _____

Participant Signature: _____ (If over the age of 18)

Family Members Here: Please print

Family Release of Liability (Spouse plus children under the age of 18)

Family Members: _____ (Print) birth date _____ Gender: M or F

_____ (Print) birth date _____ Gender: M or F

_____ (Print) birth date _____ Gender: M or F

_____ (Print) birth date _____ Gender: M or F

_____ (Print) birth date _____ Gender: M or F

_____ (Print) birth date _____ Gender: M or F

Parent/Guardian Signature _____ Date _____

Yes No (Circle One) The W has permission to use photographs of me and/or The W members in my family for advertising and publicity purposes.