Release and Waiver of Liability, Assumption of Risk And Indemnification Agreement as to Participant	
Name of Participant:	Age:
Address & Phone Number:	
behalf of the above-named person (the "Participant"). I req	Indemnification Agreement ("Agreement") is signed by or on uest that Eastside Athletics Inc (the facility) give permission te in activities ("Event Activities") organized, supervised, and theres (Event Organizer).
that Eastside Athletics, its trustees, officers, employees, volube responsible for supervising the Participant. I agree that so following any policies and rules that the facility may have, a that such supervisor(s), Participant and other persons follow contain heavy equipment, exercise equipment, athletic equather Eacilities, stationary and moving persons participating in Facilities, and other potential hazards on or about the Facilities are such hazards may result in illness, injury, death or loss interacting with other members of the public carries an inherelated risks. As a result of all such risks, I understand that damages, including severe and permanent injuries', death, family members and legal guardians, medical expenses, loss other damages (collectively as "Damages"). I understand the guaranteed while on or at the Facilities. I have discussed the extent possible given his or her age and abilities, and who we behalf of the Participant, myself, and all other legal guardian being allowed to come onto the Facilities grounds, and part PARTICIPANT AND THE PARTICIPANT'S LEGAL GUARDIANS A AND THE PARTICIPANT'S LEGAL GUARDIANS agree to RELEA	pplied by the Event Organizer and any other persons. I agree unteers and agents (collectively as the "Releasees") shall not uch supervisor(s) and Participant are responsible for and that the Releasees assume no responsibility for ensuring the facility policies and rules. I understand that the Facilities ipment and gear, moving vehicles and equipment on or about a various athletic and other activities on or about the ties. I acknowledge that the Participant's being around or to persons, including the Participant. I understand that erent risk of contracting viruses, bacteria, and other health-the Participant and his or her family members may incurbain, suffering, emotional distress, loss of consortium as to so fincome, loss of earning capacity, property damage and at neither the actions of the Participant nor the actions of ease risks with the Participant who understands them to the vishes to participate in Event Activities despite the risks. On his of the Participant, and in consideration for Participant's icipate in Event Activities, I agree to the following: I, THE SSUME ALL RISKS DESCRIBED HEREIN. I, THE PARTICIPANT SE, WAIVE, INDEMNIFY, HOLD HARMLESS AND COVENANT OR DAMAGES, INCLUDING but not limited to ANY DAMAGES RTICIPANT AND/OR ANY OF HIS OR HER LEGAL GUARDIANS eleased from his or her willful or wanton misconduct. The addition to, and not limited by, any immunity, limitation of
I certify that the Participant has no physical limitation, cond Participant's personal risk or inhibit the Participant's ability Agreement is intended to be as broad and inclusive as perm thereof is held invalid, it is my intention that the balance sh that the terms of the Agreement are contractual and not a	to participate in the Event Activities. I acknowledge that this litted by laws of the State of Ohio, and that if any portion all, notwithstanding, continue in full legal force and effect,
I understand that this Waiver is valid through December 31	of the current year in which it was signed.
Signed by Visitor (if he or she is age 18 or older and legally of authorized to sign on behalf of Visitor and all of Visitor's leg competent to enter agreements):	competent to enter agreements), or a legal guardian of Visitor al guardians (if Visitor is under age 18 or not legally
Signature:	Date:
Printed Name:	Relationship to Participant: