



## Franklin Athletic Club Waiver of Liability

In consideration of being allowed to participate in any party and/or program at Franklin Athletic Club/Franklin Academy, the undersigned, on his or her behalf, and on the behalf of the participant(s) identified below, acknowledges, appreciates and agrees to the following conditions:

- I represent that I am the parent or legal guardian of the participant(s) listed below, or I have obtained permission for the parent/legal guardian of the participant(s) listed below to execute this agreement on their behalf.
- The risk of injury to participant(s) may exist in this program and which particular rules, equipment and personal discipline may reduce the risk, the risk cannot be completely eliminated and injury is possible.
- I knowingly and freely assume all such risks, both known and unknown, eve if arising from the negligence of the releasees or others and assume full responsibility for my participation.
- I willingly agree to comply with the stated and customary terms and conditions for participation and if I observe any unusual significant hazard during my presence or participation, I will remove myself and bring such to the attention of the nearest official immediately.
- I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, hereby release, indemnify and hold harmless the Franklin Athletic Club/Franklin Academy, their officers, officials, agents and/or employees, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessors of premise used to conduct the event ("releasees"), with respect to any and all injury, disability, death, or loss or damage to personal property, whether arising from the negligence of the releasees or otherwise, to the fullest extent permitted under law.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT FLLY AND UNDERSTAND ITS TERMS AND UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING ITAND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY UNDUCEMENT.

\_\_\_\_\_  
Participant Name

\_\_\_\_\_  
DOB

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

\_\_\_\_\_  
Address

\_\_\_\_\_  
E-mail address

\_\_\_\_\_  
Participant Name

\_\_\_\_\_  
DOB

\_\_\_\_\_  
Date

\_\_\_\_\_  
City/State/Zip

\_\_\_\_\_  
EMERGENCY NUMBER