

## 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.

\*\*\*\*\*

**Participants 18 years old and above sign here:**

Participant Name: \_\_\_\_\_ (Print) Date : \_\_\_\_\_

Participant Signature: \_\_\_\_\_

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

Contact phone number: \_\_\_\_\_

Email address: \_\_\_\_\_

\*\*\*\*\*

**Families sign here:**

### **Family Release of Liability (Parent/Guardian plus children under the age of 18)**

Family Members: \_\_\_\_\_ (Print) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Parent/Guardian \_\_\_\_\_  
(Signature)

Date \_\_\_\_\_

Parent/Guardian \_\_\_\_\_  
(Signature)

Date \_\_\_\_\_

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

Contact Phone Number: \_\_\_\_\_

Email address: \_\_\_\_\_