THE GAGE CENTER, LLC RELEASE WAIVER

NAME_____BIRTHDATE_____

PARENT_____ HOME PHONE_____

ADDRESS_____CITY/ST/ZIP_____

I AGREE THAT THE GAGE CENTER, LLC ALONG WITH THE EMPLOYEES, AGENTS, OFFICERS, AND DIRECTORS OF THIS ORGANIZATION SHALL NOT BE LIABLE FOR ANY LOSSES OR DAMAGES OCCURRING AS A RESULT OF MY CHILD'S PARTICIPATION IN ACTIVITIES AT THE GAGE CENTER FACILITY, EXCEPT WHERE SUCH LOSS OR DAMAGE IS THE RESULT OF INTENTIONAL OR RECKLESS CONDUCT OF THE ORGANIZATION OR INDIVIDUALS IDENTIFIED ABOVE, AND I HEREBY WAIVE AND RELEASE ANY AND ALL CLAIMS WHICH MAY BE MADE AGAINST THE GAGE CENTER, LLC. ALTHOUGH ACCIDENTS ARE FEW, I AM FULL AWARE OF AND APPRECIATE THE RISKS, INCLUDING THE RISK OF CATASTROPHIC INJURY, PARALYSIS, EVEN DEATH, AS WELL AS OTHER DAMAGES ASSOCIATED WITH PARTICIPATION. IN ADDITION I AM AWARE THAT SWIMMING OR ANY ACTIVITY IN OR AROUND WATER CAN RESULT IN DROWNING.

I ALSO UNDERSTAND PHOTOS MAY BE TAKEN OF PARTICIPANTS FOR USE IN MARKETING PUBLICATIONS WITHOUT COMPENSATION TO YOU.

AS LEGAL PARENT OR GUARDIAN OF THIS ATHLETE, I HEREBY VERIFY BY MY SIGNATURE THAT I FULLY UNDERSTAND AND ACCEPT EACH OF THE ABOVE CONDITIONS FOR PERMITTING BY CHILD TO PARTICIPATE IN ACTIVITIES AT THE GAGE CENTER, LLC .

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Signature of Parent or Guardian Date

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