

**NON-MEMBER
PARENTAL/GUARDIAN
RELEASE FORM**

Welcome to the Chagrin Valley Athletic Club. We are happy you have chosen this activity for your child (ren) to participate in.

We require the Parents/Guardians of persons under eighteen years of age who participate in this program to sign the following release.

My child's (children's) name is/are _____, _____, _____

I ACKNOWLEDGE BY SIGNING THIS DOCUMENT, I AM RELEASING THE CHAGRIN VALLEY ATHLETIC CLUB, INC. (HEREIN AFTER REFERRED TO AS THE "CVAC"), ITS SHAREHOLDERS, DIRECTORS, OFFICERS, EMPLOYEES, AGENTS AND REPRESENTATIVES AND THEIR RESPECTIVE HEIRS, SUCCESSORS AND ASSIGNS (COLLECTIVELY, THE "RELEASED PARTIES") FROM LIABILITY. THIS RELEASE FORM IS A CONTRACT WITH LEGAL CONSEQUENCES. I HAVE BEEN ADVISED TO READ IT CAREFULLY BEFORE SIGNING.

WAIVER, RELEASE AND HOLD HARMLESS

I, _____, AM THE PARENT OR GUARDIAN OF THE CHILD(REN) LISTED ABOVE, IN CONSIDERATION OF RIGHTS, BENEFITS AND PRIVILEGES SAID CHILD (REN) ACQUIRE(S) BY VIRTUE OF PARTICIPATION IN THE ACTIVITY DESCRIBED HEREIN AND FOR OTHER GOOD AND VALUABLE CONSIDERATION, THE RECEIPT AND SUFFICIENCY OF WHICH IS HEREBY ACKNOWLEDGED, AND FULLY UNDERSTANDING THE RISKS ASSOCIATED WITH THE ACTIVITY, I, ON BEHALF OF SAID CHILD(REN), HEREBY RELEASE, REMISE, ACQUIT AND FOREVER DISCHARGE THE RELEASED PARTIES FROM, AND I AGREE TO INDEMNIFY THE RELEASED PARTIES AGAINST, ANY AND ALL ACTIONS, CAUSES OF ACTION, SUITS, DEBTS, CONTROVERSIES, JUDGMENTS, CLAIMS, DEMANDS, LIABILITIES, RIGHTS, DAMAGES, INJURIES (BOTH PERSONAL AND PROPERTY), COSTS, CHARGES, LOSSES AND EXPENSES (INCLUDING, WITHOUT LIMITATION, REASONABLE ATTORNEYS' FEES) (COLLECTIVELY, "INJURIES") ARISING OUT OF, BY REASON OF, OR RELATED TO PARTICIPATION IN THE ACTIVITY DESCRIBED HEREIN BY SAID CHILD(REN), INCLUDING, WITHOUT LIMITATION, ANY INJURIES RELATING TO THE NEGLIGENCE OF THE CVAC OR ANY OTHER RELEASED PARTY AND SPECIFICALLY INCLUDING ANY DERIVATIVE CLAIMS BY A PERSON'S HEIRS OR PERSONAL REPRESENTATIVES.

(over)

IN THE EVENT THAT IT IS DETERMINED BY A COURT HAVING JURISDICTION THAT ANY PROVISION OF THIS WAIVER, RELEASE AND HOLD HARMLESS MAY NOT BE ENFORCED TO THE EXTENT INTENDED BY THE CVAC AND ITS MEMBERS, SUCH PROVISION SHALL BE ENFORCED AGAINST THE PARTY AGAINST WHOM ENFORCEMENT IS SOUGHT TO THE FULLEST EXTENT PERMITTED BY APPLICABLE LAW.

Signature of Parent of Guardian

Date

PLEASE PRINT

Parent or Guardian Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: Home () Work() Other() _____

Area Code

Area Code

Area Code

Child's Name: _____ Telephone: _____ () _____

Area Code

Child's Name: _____ Telephone: _____ () _____

Area Code

Child's Name: _____ Telephone: _____ () _____

Area Code

Child's Name: _____ Telephone: _____ () _____

Area Code

In Case Of Emergency Contact

Name: _____ Telephone: _____ () _____

Area Code

(Optional) Physician's Name: _____ Telephone: _____ () _____