

## WAIVER AND RELEASE OF LIABILITY PLEASE READ BEFORE SIGNING

In consideration of being allowed to participate in any way in SUP on Seneca programs, related events and activities, I (PRINT NAME) agrees to:		
1) Understand that physical exercise can be strenuous and subject to risk of serious injury. 2) To obtain a physical examination from a doctor before participating in any exercise activity. I agree that if I engage in any physical exercise or activity, you do so entirely at your own risk. 2) Voluntarily participating in these activities and assume all risks of injury, illness or death, and while particular rules, equipment, and personal discipline may reduce this risk, the risk of serious injury does exist; and, 3) Knowingly and freely assume all such risks, both known and unknown, even if arising from the negligence of the releases or others, and assume full responsibility for my partnership; and, 4) Willingly to comply with the stated and customary terms and conditions for participation. If, however, I observe any unusual significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the nearest employee immediately; and, 5) I understand that Personal Flotation Devices (PFD) are recommended and required for all SUP classes.		
I hereby grant <b>SUP on Seneca</b> permission to use my likeness in a photograph, video, or other digital media ("photo") in any and all of its publications, including web-based publications, without payment or other consideration.		
I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT INDUCEMENT.		
		DATE SIGNED:
(PARTICIPANT'S SIGNATURE)	(PRINT)	
(EMERGENCY CONTACT NAME)	(PHONE)	
FOR PARTICIPANTS OF MINORITY AGE (UNDER THE AGE OF 18 AT THE TIME OF REGISTRATION)		
This is to certify that I, as a parent/guardian with legal responsibility for this participant, do consent and agree to his/her release as provided above all the Releasees, and for myself, my heirs, assigns, and next to kin. I release and agree to indemnify and hold harmless the Releasees from any and all liabilities incident to my minor child's involvement or participation in these programs as provided above, even if arising from their negligence, to the fullest extent permitted by law.		
PARENT'S SIGNATURE		MINOR
PARENT'S NAME (PRINT)		MINOR(PRINT)
HOME PHONE		CELL
ADDRESS	CTATE	710
CITY	SIAIE	ZIP

LIST ANY SPECIAL NEEDS THAT WE SHOULD KNOW ABOUT YOURSELF OR YOUR CHILD WHO IS PARTICIPATING IN A CLASS:

TO WHOM CAN THIS CHILD BE RELEASED AT THE END OF THE CLASS: