

# Cedar Lake Exercise Class

## CEDAR LAKE EXERCISE CLASS

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*Description*

Name (Required): \_\_\_\_\_

Address (Required):

Street: \_\_\_\_\_

Address Line 2: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone (Required): (     )     - \_\_\_\_\_

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

Emergency Contact (Required): \_\_\_\_\_

Emergency Contact's Phone (Required): (     )     - \_\_\_\_\_

## **AUTHORIZATION, WAIVER AND RELEASE OF ALL CLAIMS**

I, the undersigned participant, or parent or guardian of a participating minor child, hereby agree and consent to, \_\_\_\_\_ (the "Participant"), participating in the activity sponsored by the Town of Cedar Lake, Lake County, Indiana ("Activity"). I hereby further acknowledge and assume any and all risks of my, my child, or the child over whom I am the legal guardian, participating in any and all activities associated with the Activity, including by way of example and not limited to, any risks that may arise from negligence or carelessness on the part of the persons or entities being released, from dangerous or defective equipment or property owned, maintained or controlled by them, or because of their possible liability without fault. I further assume the full risk of personal injury, death, damage and loss associated with the Participant's participation in any

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**and all activities associated with the Activity. I hereby release and hold harmless the Town of Cedar Lake, Lake County, Indiana, and its respective officers, agents, employees, representatives and volunteers (collectively "Cedar Lake"), whether elected, appointed, or otherwise, from any and all responsibility and liability for any injury, claim, action, causes of action or damages, which I, my heirs, executors, administrators, or assigns, or my child's/ward's heir, executors, administrators, or assigns, may have against Cedar Lake for any person injuries, death, damage, property damage or loss resulting from, or in any way associated with, participation in the Activity. I further agree to assume full responsibility for the actions of the Participant, as well as for the payment of any and all debts incurred by myself, or by my child/ward during my/his/her participation in the Activity. I hereby consent and agree to the Participant, receiving medical treatment, which may be deemed advisable in the event of injury, accident and/or illness during the Activity, in my absence should the need for such treatment arise during the Participant's participation in the Activity, and have noted above any pertinent and necessary health information including special dietary needs, medications and/or known allergies.**

**I understand that while participating in this activity, the Participant may be photographed or video recorded. I agree and consent to the use of the Participant's photograph, video or film likeness to be used for any legitimate purpose by Cedar Lake.**

**This Authorization, Waiver and Release of All Claims shall be construed broadly to provide a release and waiver to the maximum extent permissible under applicable law.**

**By signing this Authorization, Waiver and Release of All Claims, I hereby acknowledge that I have read and fully understand the provisions contained herein, and I knowingly consent to the Participant's participation in the Activity and agree to be bound by the terms and provisions contained herein**

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Signature of Participant/Parent Guardian \_\_\_\_\_  
(Required):

Date (Required): \_\_\_\_\_

Printed Name of Participant/Parent Guardian \_\_\_\_\_  
(Required):

Phone (Required): (     )     - \_\_\_\_\_