



## Liability Waiver for Facility Usage

I hereby understand and acknowledge that the training, programs and events held by The Cougar Dome may expose me to many inherent risks, including accidents, injury, illness, or even death. I assume all risk of injuries associated with participation including, but not limited to, falls, contact with other participants, the effects and all other such risks being known and appreciated by me.

I hereby acknowledge my responsibility in communicating any physical and psychological concerns that might conflict with participation in activity. I acknowledge that I am physically fit and mentally capable of performing the physical activity I choose to participate in.

I understand that all instructions and rules for safe participation must be followed and that the **SOLE RESPONSIBILITY FOR MY PERSONAL SAFETY REMAINS WITH ME**, including my physical and emotional preparation and fitness to participate in events, classes and programs which I chose throughout the year.

I undertake and agree to remove myself from participation if I sense or observe any unusual hazard or unsafe condition, or if, at any time in The Cougar Dome I feel unable or unfit to continue for any reason.

After having read this waiver and knowing these facts, and in consideration of acceptance of my participation and The Cougar Dome furnishing services to me, I agree, for myself and anyone entitled to act on my behalf, to **HOLD HARMLESS, WAIVE AND RELEASE** The Cougar Dome, its officers, agents, employees, organizers, representatives, and successors from any responsibility, liabilities, demands or claims of any kind arising out of my participation in The Cougar Dome training, programs, events, and/or use of the facility.

By my signature I indicate that I have read and understand this Waiver of Liability. I am aware that this is a waiver and a release of liability and I voluntarily agree to its terms.

Facility use (tennis, pickleball, track, turf, Golf): \_\_\_\_\_

Participant's Name (Please Print): \_\_\_\_\_

Participant's Email (Please Print): \_\_\_\_\_

Participant's Signature (If age 18+): \_\_\_\_\_ Date: \_\_\_\_\_

In case of emergency contact: \_\_\_\_\_ Phone: \_\_\_\_\_

(Parent's Signature if under 18 years of age) I represent that I have legal capacity and authorize to act on behalf of the minor named herein,

Parent/Guardian Name (Please Print): \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\*NOTE: Please ensure you've read and signed the attached waiver.