

RELEASE & WAIVER OF LIABILITY WEST RACINE ALLIANCE INC.

ALL PARTICIPANTS THAT WISHES TO PARTICIPATE IN HUMAN FOOSBALL ACTIVITY MUST COMPLETE THE FOLLOWING *PROGRAM RELEASE FORM* BEFORE THEY MAY BEGIN THE ACTIVITY.

NAME: _____

ADDRESS: _____

PHONE: _____

EMAIL: _____

RELEASE /EXPRESS ASSUMPTION OF RISK

I UNDERSTAND THAT IF I PARTICIPATE IN THIS PROGRAM OR EVENT, I DO SO AT MY OWN RISK. THIS INCLUDES, WITHOUT LIMITATION, THE RISK OF BODILY INJURY OR DEATH ARISING OUT OF THE NEGLIGENCE OF WEST RACINE ALLIANCE INC., IT'S OWNERS, SHAREHOLDERS, OFFICERS, DIRECTORS, MANAGEMENT, EMPLOYEES, REPRESENTATIVES, AGENTS, AFFILIATES, SUCCESSORS, ASSIGNS, AND LESSEES, AS WELL AS OTHER PARTICIPANTS (CUMULATIVELY "RELEASEES"). I DO HEREBY ASSUME THE RISK OF ANY AND ALL DAMAGES, INJURIES (INCLUDING DEATH), OR LOSSES THAT I MAY SUSTAIN OR INCUR WHILE ATTENDING, OBSERVING, WITNESSING, PRACTICING, INSTRUCTING, PERFORMING OR PARTICIPATING IN THE PROGRAM OR EVENT. I HEREBY WAIVE ANY AND ALL CLAIMS AND RELEASE, COVENANT NOT TO SUE, AND HOLD RELEASEES HARMLESS FOR ANY AND ALL CLAIMS OR CAUSES OF ACTION (KNOWN OR UNKNOWN), INCLUDING THOSE ARISING OUT OF RELEASEES' NEGLIGENCE, REGARDLESS OF WHETHER OR NOT SUCH INJURIES, DEATH OR DAMAGES ARISE DIRECTLY OUT OF MY PARTICIPATION IN THE PROGRAM OR EVENT. THIS EXPRESS ASSUMPTION OF RISK AND WAIVER AND RELEASE INCLUDES, BUT IS NOT LIMITED TO, INJURIES OR DEATH ARISING OUT OF PHYSICAL PARTICIPATION IN THE PROGRAM OR EVENT, SLIPPING OR TRIPPING OR FALLING DUE TO A DANGEROUS CONDITION OF THE PREMISES, IMPROPER MAINTENANCE OF ANY EQUIPMENT, PREMISES OR FACILITIES THAT MAY MALFUNCTION OR BREAK, NEGLIGENT INSTRUCTION OR SUPERVISION, NEGLIGENT HIRING OR SUPERVISION OF EMPLOYEES, OR ANY OTHER ACT OF NEGLIGENCE ON THE PART OF RELEASEES, WHETHER ACTIVE OR PASSIVE.

I AM FULLY AWARE AND UNDERSTAND THAT WEST RACINE ALLIANCE INC. MAY NOT HAVE ON OR ABOUT THE PREMISES ANY MEDICAL SERVICES, SUPPLIES OR EQUIPMENT. I FURTHER RELEASE AND WAIVE ANY CLAIMS OR CAUSES OF ACTION AGAINST RELEASEES ARISING OUT OF THE NEGLIGENT PROVISION OR FALIURE TO PROVIDE ANY MEDICAL OR FIRST AID SERVICES.

I ACKNOWLEDGE THAT I HAVE CAREFULLY READ THIS WAIVER AND RELEASE AND FULLY UNDERSTAND THAT IT IS A RELEASE OF LIABILITY, EXPRESS ASSUMPTION OF RISK AND INDEMNITY AGREEMENT. I AM AWARE AND AGREE THAT BY EXECUTING THIS WAIVER AND RELEASE, I AM GIVING UP MY RIGHT TO BRING A LEGAL ACTION OR ASSERT A CLAIM AGAINST RELEASEES FOR RELEASEES NEGLIGENCE, OR FOR ANY DEFECTIVE PRODUCT ON ITS PREMISES. I UNDERSTAND AND AGREE THAT THIS RELEASE AND EXPRESS ASSUMPTION OF RISK IS INTENDED TO BE AS BROAD AND INCLUSIVE AS PERMITTED UNDER THE LAWS OF THE STATE OF WISCONSIN AND IF ANY PORTION OF THIS AGREEMENT IS HELD TO BE INVALID, THE SHALL, NOTWITHSTANDING, CONTINUE IN FULL LEGAL FORCE AND EFFECT.

Name (print): _____ DATE: _____

Signature: _____