

# Release of Liability

## The JCC in Sherman

I, \_\_\_\_\_,  
herby acknowledge that I have voluntarily applied to participate in activities related to physical  
training involving \_\_\_\_\_.

**I AM AWARE THAT THE ACTIVITIES DECSRIBED ABOVE MAY BE HAZARDOUS; I AM VOLUNTARILY PARTICIPATING IN THESE ACTIVITIES WITH KNOWLEDGE OF THE DANGER INVOLVED, AND HEREBY AGREE TO ACCEPT ALL RISKS OF INJURY OR DEATH.**

As lawful consideration for being permitted by The Jewish Community Center in Sherman or one of its affiliated organizations to participate in these activities and use the facilities at which these activities are conducted, I hereby agree that I my heirs, distributees, guardians, legal representatives and assigns will not make a claim against, sue, attach the property of, or prosecute The Jewish Community Center in Sherman, or any of its affiliated organizations and/or the owner or lesser of the premises where the activities are conducted for injury or damage resulting from the negligence or other acts, howsoever caused, by any employee, agent or contractor of The Jewish Community Center in Sherman. In addition, I hereby release and discharge The Jewish Community Center and its affiliated organizations from all actions claims or demands I, my heirs distributees, guardians, legal representatives or assigns now have or may hereafter have for injury or damage resulting from my participation in the above described activities.

**I HAVE CAREFULLY READ THIS AGREEMENT AND FULLY UNDERSTANTD ITS CONTENTS. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT BETWEEN MYSELF AND THE JEWISH COMMUNITY CENTER IN SHERMAN AND OR ITS AFFILITATED ORGANIZATIONS AND I HAVE SIGNED IT OF MY OWN FREE WILL.**

SIGN: \_\_\_\_\_

PRINT NAME: \_\_\_\_\_

EMAIL: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

EMERGENCY CONTACT: \_\_\_\_\_

PHONE: \_\_\_\_\_

DATE: \_\_\_\_\_