WAIVER/RELEASE OF ALL CLAIMS AND HOLD HARMLESS AGREEMENT

Name of Participant	(Please Print)	
Name of Program	(1.0000.2.1.1.1)	
above program, you will program, that you or the a	rm carefully and be aware that, in signing up and particip be waiving and releasing all claims for injuries, arising above participant might sustain. The terms "I," "me," and ans as well as the participants in the program. In register as follows:	out of this d "my" also
physical injury, and I agree to I may sustain as a result of associated with such program	the program, I recognize and acknowledge that there are cere assume the full risk of any injuries, including death, damages of participating, in any manner, in any and all activities connem. I further recognize and acknowledge that all athletic activitial body contact are hazardous recreational activities and involved	or loss which ected with or ies involving
(SPUMC) of Lusby, MD, that persons and entities, of whate might sustain while participa	d relinquish any and all claims against St. Paul United Methot I may have as a result of participating in the program and any ever nature, that might be directly or indirectly liable for any integrating in the program. (The parties described in the preceding is in the remainder of the Agreement.)	and all other njuries that I
	ease and discharge SPUMC and the other released parties from g death, damage or loss which I may have or which may account the program.	•
released parties, from any ar	ndemnify, hold harmless and defend the SPUMC, and any and all claims resulting from injuries, including death, damage sing out of, connected with, or in any way associated with my	es and losses
referred to in this Agreemen participating in the program, or supervision, the use and ac	and agree that the terms such as "participation," "program," and at, include all exercises and physical movements of any nature and further include the provision of or failure to provide proper djustment of any and all machinery, equipment, and apparatus, aces, facilities, or premises involved in the program.	e while I am rinstructions
understand this Waiver, Readvisements or warnings of	ture of the program for which I am registering, and have re- elease and Hold Harmless Agreement. I further understant the particular risks of this program that I subsequently recount of and become a part of this Agreement.	nd that any
[Signature of Participant]	Date	
One Custodial Parent or Guard	Datedian <i>Must</i> Sign (if participant is under age 18)]	