



## GLOBAL WAIVER AGREEMENT

**Participant's Name:** \_\_\_\_\_ **Today's Date:** \_\_\_\_\_  
**D.O.B:** \_\_\_\_\_ **Age:** \_\_\_\_\_ **Gender:** \_\_\_\_\_  
**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_  
**Primary Phone Number:** \_\_\_\_\_ **Secondary Phone Number:** \_\_\_\_\_  
**Primary Email Address:** \_\_\_\_\_

**In case of an *Emergency*, Please Notify:**

**Name:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_

IN CONSIDERATION OF BEING PERMITTED TO UTILIZE THE FACILITIES, SERVICES AND PROGRAMS OF THE EASTON COMMUNITY CENTER FOR ANY PURPOSE, INCLUDING BUT NOT LIMITED TO OBSERVATION OR USE OF FACILITIES OR EQUIPMENT OR PARTICIPATION IN ANY PROGRAM AFFILIATED WITH THE EASTON COMMUNITY CENTER WITHOUT RESPECT AS TO LOCATION, I HEREBY AGREE TO THE FOLLOWING:

I agree to follow all rules and regulations of the Easton Community Center while in, upon or about the premises or while using or observing the premises or any facilities or equipment, or participating in any program affiliated with the Easton Community Center without respect as to location, and understand and agree that I may be expelled at any time, with no refund of any monies paid, for failure to abide by such rules and regulations.

1. **ASSUMPTION OF RISK:** I understand that activities at the facility or elsewhere, including use of equipment and participation in programs, can involve movement, strain and other elements that create inherent risks. I hereby assume full responsibility for and risk of bodily injury, property damage or loss, regardless of severity, that I or my minor child/ward may sustain from my or my minor child/ward's presence in, upon or about the premises or while using or observing the premises or any facilities or equipment, or participating in any program affiliated with the Easton Community Center without respect as to location. If I see or feel anything is questionable or dangerous, it is my responsibility to ask or inform ECC employees until corrected or satisfactorily answered.

2. **RELEASE:** I, for myself, any personal representatives, assigns, heirs and next of kin, hereby fully release, waive, discharge and covenant not to sue the Town of Easton, the Easton Community Center, its operating centers, their respective officers, directors, Board of Managers, Trustees, members, volunteers, employees or agents (the "Releasees") and each of them from any and all claims for injuries, damages or loss that I or my minor child/ward may have or which may accrue to me or my minor child/ward from my and/or my minor child/ward's presence in, upon or about the premises or while using or observing the premises or any facilities or equipment, or participating in any program affiliated with the Easton Community Center without respect as to location. I hereby agree to allow my minor child/ward to observe and/or participate in the following activities:

All of the Below

Rock Climbing

Archery

Photos/Videos

Inflatables

Other general sport activities

3. **INDEMNIFICATION:** I hereby agree to indemnify and save and hold harmless the Releasees and each of them from any loss, liability, damage or cost they may incur from my or my minor child/ward's presence in, upon or about the premises or while using or observing the premises or any facilities or equipment, or participating in any program affiliated with the Easton Community Center without respect as to location, except for any loss, liability, damage or cost that is caused solely by the Easton Community Center's gross negligence.

I further expressly agree that the foregoing ASSUMPTION OF RISK, RELEASE, WAIVER AND INDEMNITY AGREEMENT is intended to be as broad and inclusive as is permitted by the law of the State of Connecticut and if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

This agreement applies to all past, present and future visits and uses by me to any Easton Community Center activity, facility or property.

I HAVE READ AND VOLUNTARILY SIGNED THIS ASSUMPTION OF RISK, RELEASE, WAIVER AND INDEMNITY AGREEMENT, and further agree that no oral representations, statements or inducements apart from the foregoing written agreement have been made.

**DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE AGREEMENT. THIS AGREEMENT CONTAINS A WAIVER AND RELEASE.**

**Participant's Signature:** \_\_\_\_\_ **Printed Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Parent / Guardian's Signature:** \_\_\_\_\_ **Printed Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_