RELEASE OF LIABILITY

LEAGUES, EVENTS, PROGRAMS & ALL OTHER ACTIVITIES

TEAM NAME: _____

In consideration of being allowed to participate in activities that California Family Fitness offers (CFF), the undersigned acknowledges, appreciates, and agrees that, on this date and all further dates:

1. **The risk of injury from the activities involved in these programs is significant, including the potential for permanent paralysis and death. While certain rules, equipment, and personal discipline reduce the risk, if the risk does exist;**
2. **I knowingly and freely assume all such risk both known an unknown, even if arising from the negligence of CFF or others, and I assume full responsibility for my participation. Your assumption of risk includes, without limitation, your participation in any activities (sports or fitness), on CCF's premises that include, but are not limited to: equipment (mechanical or otherwise), locker room, sidewalk, parking lot, stairs, pool, whirlpool, sauna, steam room, children's room, lobby area, basketball court, soccer field, rockwall, racquetball court; and**
3. **I willingly comply with the stated and customary terms and conditions for participation. If, however, I observe significant hazard during my presence of participation, I will remove myself from participation and bring such to the attention of the nearest official immediately; and**
4. **I for myself and on behalf of my heirs, assigns, personal representative and next of kin, hereby hold harmless CFF management, their officers, officials, agents, and/or employees, other participants, sponsoring agencies, sponsors, advertisers, with respect to any and all injuries, disability, death or loss or damage to person or property, whether arising from the negligence of CFF or otherwise, to the fullest extent of the law.**

TEAM ROSTER: I acknowledge I have read the waiver/release of liability. By signing below, as a player or the parent/guardian of a minor player, I affirm that I have carefully read the release of liability form and fully understand its contents. I am aware that this is a release of liability and I sign it on my own free will.

First Name	Last Name	Phone Number	Date of Birth	Signature