

WAIVER and RELEASE FROM LIABILITY

Please read carefully – this affects your legal rights.

In exchange for participation in the activity of using the City of Buffalo gym, and/or the use of the property, facilities and services of the City of Buffalo gym:

I, _____ of _____
(parent/guardian printed name) (address)

Give my son/daughter _____ permission to participate in the Open Gym.
(child's name)

I agree to observe and obey all posted rules and warnings, and further agree to follow any oral instructions or directions given by City of Buffalo, or the employees, representatives or agents of City of Buffalo.

I recognize and acknowledge that there are certain inherent risks associated with the above described activity and I assume full responsibility for personal injury, death, or damage to personal property, and further release and discharge City of Buffalo for injury, loss, or damage arising out of my, or my family's use of or presence upon the facilities of the City of Buffalo, whether caused by the fault of myself, my family, or other third parties.

I understand and confirm that by signing this WAIVER AND RELEASE I have given up future legal rights. I have signed this agreement freely, voluntarily, under no duress. My signature is proof of my intention to execute a complete and unconditional WAIVER AND RELEASE of all liability to the full extent of the law. I am 18 years of age or older and mentally competent to enter into this waiver.

Any legal or equitable claim that may arise from participation in the above shall be resolved under Iowa law.

(B) INDEMNIFY, HOLD HARMLESS, AND PROMISE NOT TO SUE the entities or persons mentioned in this paragraph from any and all liabilities or claims made as a result of participation in this activity, whether caused by the negligence of release or otherwise.

I acknowledge that City of Buffalo and their employees, volunteers, representatives, and agents are NOT responsible for the errors, omissions, acts, or failures to act of any party or entity conducting a specific activity on their behalf.

(parent/guardian signature) Date _____

(phone number)