

Lighthouse Neurological Rehabilitation Center Adaptive Sports
INSURANCE WAIVER AND RELEASE OF LIABILITY

In consideration of being allowed to participate in any way in Lighthouse Rehabilitation Adaptive Sports clinics, related events and activities, I and/or the minor participant, for myself and on behalf of heirs, assigns, personal representatives and next of kin, there undersigned:

1. I agree that prior to participating, I will inspect, or if parent and/or legal guardian I will instruct the minor participating to inspect, the facilities and equipment to be used, and if I believe to the best of my ability that anything is unsafe, I and/or the minor participants will immediately advise the Lighthouse of such condition(s) and refuse to participate.
2. Acknowledge and fully understand that I and/or the minor participant, will be engaging in activities that involve risk of serious injury, including permanent disability and death, sand severe social and economic losses which might result only from my own actions, inactions or negligence of others, the rules of play, or the condition of the premises or any equipment used. Further, that there may be other risks not known to me or not reasonably foreseeable at this time.
3. Assume all the forgoing risks and accept personal responsibility for the damages following such injury, permanent disability, or death.
4. Release, waive, discharge and covenant not to sue the Lighthouse Neurological Rehabilitation Center, their representative administrators, directors, agents, and other employees of the organization, volunteers, other participants, sponsoring agencies, sponsors, advertisers, their heirs, and if applicable, owners, leasers of premises and equipment, all of which hereafter referred to as "releasees", from demands, losses or damages on account of injury, including death or damage to property, causes or alleged to be caused in whole or in party by the negligence of the releasees or otherwise.
5. Agree that this waiver and release of liability covers all Lighthouse Neurological Rehabilitation Adaptive Sports clinics and events for the year _____.
6. I give permission for the Lighthouse and the State of Michigan to take my photo/video and to potentially use this photo for marketing, education, or other adaptive sports awareness materials YES _____ NO _____

I/WE HAVE READ THE ABOVE WAIVER AND RELEASE, UNDERSTAND THAT I/WE HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, HAVE NOT CHANGED IT ORALLY, AND SIGN IT VOLUNTARILY. I/WE UNDERSTAND THAT THE ABOVE APPLIES NOT ONLY TO CLINIC EVENTS BUT ALSO TO PRIVATE LESSONS, AND RENTAL/LOANING OF EQUIPMENT.

PARTICIPANT'S NAME

SIGNATURE

DATE

FOR PARITIPCANTS OF MINORITY AGE

This is to certify that I, as parent/guardian with legal responsibility for this participant, do consent and agree to his/her release as provided above of the Releasees from any and all liabilities incidents to my minor child's involvement or participation in these programs as provided above, EVEN IF ARISING FROM THEIR NEGLIGENCE.

PARENT/GUARDIAN'S SIGNATURE EMERGENCY PHONE

DATE