

VOLUNTARY RELEASE FORM

Assumption or Risk and indemnity Agreement

Saint Joseph Center at Immaculate Conception Regional School Date _____

Description of Activity _____

Each undersigned person requests and is granted permission to make use of the St. Joseph Center for the intended purpose described above.

In consideration of "permissive entry" to the center, each of the undersigned, their personal representatives, heirs and assigns, DO HEREBY:

1. RELEASE, DISCHARGE AND COVENANT NOT TO SUE the above named center and the Archdiocese of Seattle for any and all claims and liability arising out of strict liability or ordinary negligence of releases or any other user of the center which causes the undersigned injury, death or property damage and further agrees to hold releases harmless and indemnify releases from any claim, judgment or expenses releases may incur by participation in the described activity.

2. UNDERSTAND that participation in the described activity involves danger and risk of injury. The inherent danger is understood and voluntarily assumed.

3. ACKNOWLEDGE that the undersigned are aware of equipment and safety regulations and will comply with each regulation ASSUMING ALL RISK for themselves and all liability to others for failure to do so. No oral representations or inducements have been made to obtain signatures on this agreement. If any portion of this agreement is held invalid, it is agreed that the balance thereof, shall continue in full legal force and effect.

I HAVE READ THIS DOCUMENT. I UNDERSTAND IT IS A RELEASE OF ALL CLAIMS. I UNDERTAND I ASSUME ALL RISK INHERENT IN THIS ACTIVITY. I VOLUNTARILY SIGN MY NAME EVIDENCING MY ACCEPTANCE OF THESE PROVISIONS.

Names	Signatures
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