



List activities here:

Individual Consent and Release

Please print your name legibly:

I, _____, am 18 years of age or older and desire to participate in activities provided by Westside Community Center, LLC (hereinafter referred to as WCC).

I understand that these activities involve some inherent risks. Nevertheless, I wish to have the opportunity to participate in the activities WCC will provide.

Medical - In the case of medical need or injury, I understand that WCC will make every reasonable effort to reach my emergency contact. In the event that my emergency contact cannot be reached, and if I am not capable of making medical decisions, I authorize WCC to arrange for medical services for me. I will be responsible for any medical and other expenses incurred on my behalf. I agree that I am responsible for communicating any allergies or other relevant medical conditions to WCC staff in writing.

Waiver, Release, and Indemnification - In return for the opportunity to participate in activities, I waive, release, indemnify, and promise not to sue WCC and all of its agents, directors, officers, employees, and volunteers (collectively, "Released Parties") from all demands, claims, or liability, in law or in equity, that have arisen or may arise from this activity, including travel associated with this activity, and that involve any damage to or loss of my property or any personal injury. I also promise not to sue any of the Released Parties for any such demands, claims, or liability. This waiver, release, indemnification, and promise not to sue does not apply to claims of criminal conduct or gross negligence.

This Release remains in effect indefinitely or until it is in writing, prospectively only, signed by me, and bears the date that the revocation is delivered to WCC.

In addition, I give permission to WCC to freely use my name, picture, and voice in any communication regarding WCC. I release any copyright or right of publicity or privacy that I may have in my name, picture, and voice.

_____ Date _____ Signature _____

Street address: _____

City: _____ State: _____ Zip: _____

Email: _____ Phone: _____

Emergency Contact Name: _____ Contact's phone: _____

- Yes, please send me information (i.e. monthly email) about activities and weather closures at Westside Community Center.
- No, do not send me any information.

Office use only:

Entered into computer: _____

Form last updated: 02/13/2020