

**Express Assumption of Risk and Release of Liability**

In consideration of being permitted by Clark County Indoor Sports Center (hereinafter "CCISC") to participate in any program, class, event, or any other activity at its facility or at any sponsored event, I hereby waive and release CCISC and its parent corporation, subsidiaries, affiliates, landlords, and any of its agents, employees, directors, officers, insurers, representatives, successors or assigns (collectively the "Released Parties") and further hereby consent to medical treatment as follows:

I acknowledge, represent, agree and promise that:

**(1)** I am physically fit (and so are my dependents and guests) and I know of no medical or health reason why I (we) should not participate in the activities that take place at or are sponsored by Clark County Indoor Sports Center.

**(2)** There are extreme risks in programs and activities offered, including those that take place indoors as well as outdoors. I realize that those risks include, but are not limited to, permanent paralysis and death, and may result from slips, falls, collisions, equipment failure, bad decision-making, inattentive players, and from equipment that has become worn, loose or damaged. I understand that there are unforeseeable freakish accidents. While particular rules, equipment, and personal discipline may reduce this risk, I acknowledge the risk of serious injury does exist. I agree to pay attention to the state of the equipment, and I do any damage, observe any such problems or other hazard I will immediately remove myself from participation and bring such condition to the attention of CCISC. I agree to abide by all rules of Clark County Indoor Sports Center, and if CCISC makes a specific request of, or instruction to, me I agree to immediately comply.

**(3)** I hereby assume all risk of injury to my person or property, both known and unknown, even if arising from the negligence of the Released Parties or others, including but not limited to muscle pulls, bruises, sprains, stitches, broken bones, concussions, and even paralysis and death, that may occur while I am in CCISC's facility or while participating in any activity whether at the CCISC or sponsored by CCISC, at any time, and assume full responsibility for my participation, or that of my minor child or any guest of mine.

**(4)** I promise not to bring a claim or action against the Released Parties for injuries, losses or damages to my person or property that I, my dependent child, or my guest may suffer.

Therefore, I hereby waive and release any and all rights and claims for damages that I may have in the future against the Released Parties for any injuries, losses or damages to my person or property that I, my dependent child, or my guest may suffer.

By signing this I am NOT releasing or waiving claims for damages, losses, or injuries caused by the, willful and grossly negligent acts of the Released Parties. However, I am releasing and waiving all claims against the Released Parties to the maximum extent allowed under Washington State law, including for all claims of ordinary negligence. If a court determines that this waiver is not enforceable as drafted, I agree that the above provisions shall be enforced to the maximum extent allowed by law for me to waive and release the Released Parties from any and all liability.

This release applies to and binds my personal representative, heirs and my family. If a member of my family under the age of (18), or a guest accompanies me to the CCISC, I make this release and these representations on his or her or their behalf as well as my own, and I agree and assume responsibility for his or her or their safety.



Further, I agree to indemnify, defend and hold the Released Parties harmless in the event I, a minor member of my family, or my guest sues the Released Parties. I understand that this means I will pay all fees, costs, and charges incurred by the Released Parties, including reasonable attorney fees prior to commencement of any suit or action, or incurred prior to or during any trial or on appeal.

By signing this agreement, I authorize CCISC in CCISC's sole discretion to administer medical assistance, to contact local paramedics or other medical providers for emergency medical care or treatment, or to request any other assistance which may be necessary for me, my child, or my guest. I authorize all such persons to administer or care for me, my child or my guest in any manner which they determine is in the best interests of the person being treated. I also agree, at my sole cost and expense, to pay for any care and any expenses related to such care. In case of an emergency, please contact:

---

I understand this document is a contract. I have read it thoroughly and I fully understand the terms. I understand I have given up substantial rights by signing it. I sign it of my own free will. I agree to the terms of each of the above sections in this contract. No oral representations or statements or inducements have been made to me that change, alter or modify anything within this written document. I also understand that this contract is severable, in other words, that if any part of it is held by a court of law to be unenforceable, the rest of it shall survive and be enforced.

---

PRINT NAME  
(Participant, Parent or Guardian)

Signature

Date