



Release and Waiver of Liability – DAY PASS USER

Adult (First, Last Name): _____
 Phone: _____ Email: _____
 Date of birth: _____ City/State/Zip _____
 Address: _____
 Owner: Antioch College Corporation
 Activity: Admission to Wellness Center **Date of release:** _____
 Location: Antioch College, Yellow Springs, Ohio

Recognizing the possibility of physical injury associated generally with swimming and athletic activities, I hereby agree to release, discharge and/or otherwise indemnify Antioch College Corporation, its trustees, officers, directors, employees and volunteers ("Released Parties"), from and against any claims, losses, costs, liabilities and expenses (including but not limited to attorneys' fees) relating to bodily injury (including death) and/or property damage which I may suffer or claim to suffer at the Wellness Center. This release is provided in consideration of the privilege in participating in said activity. **This release is intended to explicitly and specifically release the Released Parties from their own negligence, be it active, passive or gross, or alleged as thus.** This release is further intended to cover all derivative claims which arise or may arise out of any events, losses or claims which may arise hereunder.

Acknowledgment of Understanding: I have read this waiver of liability, assumption of risk, and indemnity agreement, fully understand its terms, and **understand that I am giving up substantial rights, including my right to sue.** I acknowledge that I am signing the agreement freely and voluntarily, and **intend by my signature to be a complete and unconditional release of all liability for myself and the dependents (under the age of 18) listed below** to the greatest extent allowed by law.

I am the parent or guardian of the dependents listed here:

_____	_____
(1) Print name	Date of birth
_____	_____
(2) Print name	Date of birth
_____	_____
(3) Print name	Date of birth

Signature **Date**