

Non-member Agreement/Waiver

Name _____ Age _____ Birthday _____

Address _____

City _____ State _____ Zip Code _____

Email Address _____

Home Phone _____ Cell Phone _____

If under the age of 19, parent or guardian name _____

Emergency Contact Name and Phone Number _____

Disability/Health Condition (*if applicable*) _____

Activity participating in or Guest of _____ Lakeshore Goalball Youth Regional _____ Date _____ Oct 5-6, 2018

Non-Member Agreement/Waiver

The undersigned, (hereinafter referred to as "Guest") agrees to abide by the rules of Lakeshore Foundation.

The Guest agrees that all use of Lakeshore Foundation's facilities, premises, services and programs including transportation shall be undertaken at his(her) sole risk and Lakeshore Foundation shall not be liable for any injuries, accidents or deaths occurring to applicant, arising either directly or indirectly out of utilizing Lakeshore Foundation's facilities, services and programs, whether caused by the negligence or other wrongful conduct of Lakeshore and any of its agents or employees. The Guest for himself(herself) and on behalf of his(her) executors, administrators, heirs, and assigns, does hereby expressly release, discharge, waive, relinquish, and covenants not to sue Lakeshore Foundation, its officers and agents for all such claims, demands, injuries, damages or cause of action, with respect to use of Lakeshore Foundation facilities, premises, programs and services which the applicant may suffer or incur as a result of participation in such program, whether or not caused by the negligence or wrongful acts of such persons or any agents, servants or employees of any of them. I do further agree to indemnify and hold harmless each of them, of and from any and all claims, demands or actions of any kind or nature whatsoever arising out of any injury or damages incurred by the Guest. In signing this release, the Guest acknowledge and represent that he(she) is over 19 years of age, he(she) is of sound mind, the Guest has read this release, understands it, and signs it voluntarily, and that this paper contains the entire agreement between the Guest and Lakeshore Foundation. The Guest declares that he(she) is physically able to participate in physical activity. Further, the Guest declares that Lakeshore Foundation has advised him(her) to obtain a medical clearance if he(she) is unsure of his/her physical health.

The Guest also consents to and authorizes the taking of photographs, movies, films, videotapes, tape recordings, or reproductions (*collectively, "Reproductions"*) and consents to the use, copyright, license, publication or broadcast of the same for advertising, educational, promotional, or publicity purposes on the part of Lakeshore Foundation and by its affiliated and associated organizations, including its directors, officers, agents, servants and employees. Guest hereby grants and assigns to Lakeshore Foundation the right, title, and irrevocable authority and interest to such Reproductions. Guest waives any and all claim for compensation and waives all claims related to or arising out of the publication and dissemination of the same for any lawful purposes. Guest further authorizes the communication of information concerning the Guest in connection with the utilization of such Reproductions by Lakeshore Foundation and its affiliated or associated organizations, and their respective directors, trustees, officers, agents, servants and employees without claim for compensation and waives all claims related to or arising out of the publication and dissemination of the same.

Please sign below. If under the age of 19, must be signed by a parent or guardian.

Signature

 (*Printed name and relationship if applicable*)

Please note that all non-members may receive information from Lakeshore Foundation regarding membership opportunities.