



RELEASE AND WAIVER OF LIABILITY AGREEMENT

The Participant listed below acknowledges that he/she voluntarily agree to participate in the following activities:

Lutheran Hospital’s 2nd Annual Volleyball Tournament:

Participant should check with their physician before starting any exercise activity. Participant will participate at their own pace, listen to their body, adapt the movement for their body and only do that which is comfortable with no pain and stop and rest when needed.

In addition, the signature(s) below demonstrate that the undersigned understands and agrees that:

The Cleveland Clinic Foundation, its employees, representatives, agents, affiliates, independent contractors and volunteers (hereinafter known as CCF) shall not be responsible for any injury to any person or loss of any property which occurs as a result of participation in **Lutheran Hospital’s 2nd Annual Volleyball Tournament:** (hereinafter known as “Event”).

I _____, on my own behalf and on behalf of children, heirs, assigns, hereby release and hold harmless CCF for any and all claims for personal injury, negligence, wrongful death or property loss or damage arising out of participation in Event. In addition, I agree to hold CCF harmless for any claims or injury to any person or property arising out of participation.

I agree to voluntarily participate in Event and represent that there is no reason, medical or otherwise, that prohibits or restricts my involvement in the Event. I understand that participating in the Event may be a potentially hazardous activity. I should not participate unless I am medically able to do so. I have the option to decline participation in any activity at any time. I assume all risks associated with participating in this Event, including, but not limited to: falls, death or other injury. I understand that this waiver is intended to be as broad and as inclusive as permitted by the laws of the State of Ohio, and agree that if any portion is held invalid, the remainder of the waiver will continue in full force and effect.

Having read this waiver and knowing these facts, I, for myself and anyone entitled to act on my behalf, do hereby release and discharge CCF from all claims or liabilities of any kind arising out of my participation in this Event.

I understand that this service is merely an exercise class, and that I am not receiving medical care or treatment through these Zoom exercise classes/Event. If I need medical care, I will call 911, go to the nearest emergency department and/or contact my physician.

One Release and Waiver is valid for multiple classes / all Events.

Signature of Participant

Date

Printed Name of Participant