



City of Kirtland Ohio
Community and Senior Center
7900 Euclid Chardon Road
Kirtland, OH 44094
(440) 256-4711
www.Kirtlandohio.com

WAIVER AND RELEASE

I intend to use some or all of the activities, facilities, programs and services offered at or by the City of Kirtland Community and Senior Center. In consideration of being allowed such use, I do hereby waive, release and forever discharge the City of Kirtland and its officers, employees, agents, representatives and all others acting on its behalf from any and all claims or causes of action (known or unknown) for any and all injury, illness, damage or loss that may occur to me or my property as a result of my participation in any aspect of the activities, facilities, programs and services offered at or by the City of Kirtland Community and Senior Center, including, but not limited to, my use of equipment or machinery in connection with the activities, facilities, programs and services offered at or by the City of Kirtland Community and Senior Center.

I understand that each person (myself included) has a different capacity for participating in such activities, facilities, programs and services. I am aware that all activities, facilities, services and programs offered are educational, recreational or self-directed in nature. I agree that my participation in any and all of the activities, facilities, programs and services provided at or by the City of Kirtland Community and Senior Center is strictly voluntary and has not been requested or required by the City of Kirtland Community and Senior Center. I further agree that my participation in any and all activities, facilities, programs and services provided at or by the City of Kirtland Community Senior Center is at my own risk and that I assume any and all risk of injury, illness, damage or loss that might result. I also agree to assume all risk of damage, loss or theft to any of my personal property.

I declare myself to be physically sound and suffering from no condition, impairment, disease, infirmity or other illness that would prevent my participation in any of the activities, facilities, programs and services offered at or by the City of Kirtland Community and Senior Center. I acknowledge that I have either had a physical examination and have been given a physician's permission to participate in these activities, facilities, programs and services, or that I have decided to participate in these activities, facilities, programs and services without the approval of my physician. I do hereby assume all responsibility for my participation in the activities, facilities, programs and services offered at or by the City of Kirtland Community and Senior Center and for my utilization of any and all equipment and machinery in connection with these activities, facilities, programs and services.

I understand that the activities, facilities, programs and services offered by the City of Kirtland Community and Senior Center may sometimes be conducted by persons who may not be knowledgeable, licensed, certified or registered instructors or professionals. I accept the fact that the skills and competencies of some the City of Kirtland Community and Senior Center employees, agents, representatives or volunteers will vary according to their training and experience and that no claim is made to offer assessment or treatment of any mental or physical disease or condition by those who are not duly licensed, certified or registered and employed to provide such professional services.

I do further agree to indemnify and hold absolutely harmless the City of Kirtland and any of its officials, agents or employees of any and all loss, claim or expense, whatsoever, including reasonable attorney fees, associated with or in any way connected with the my participation in any of the activities, facilities, programs and services or my utilization of any and all equipment and machinery in connection with these activities, facilities, programs and services.

I HAVE READ THIS WAIVER, RELEASE AND INDEMNITY AGREEMENT (OR HAVE HAD IT READ AND EXPLAINED TO ME) AND FULLY UNDERSTAND IT BEFORE AFFIXING MY SIGNATURE HERETO.

Signed this _____ day of _____ 2021.

Member Signature

Printed Member Name

Signature of Center Official Receiving Form