

# Arlington Baptist Church

## Family Life Center General Waiver

**Contact Name:** \_\_\_\_\_ **Date Submitted:** \_\_\_\_\_

**Time:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Emergency Contact Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Email:** \_\_\_\_\_

### **THIS FORM MUST BE SIGNED PRIOR TO PARTICIPATION IN THE ABOVE ACTIVITY.**

I wish to use the Family Life Center ( FLC) and its facilities/ workout area at Arlington Baptist Church. I understand that I do so at my own risk. In exchange for being permitted to participate in this activity, I hereby release and waive Arlington Baptist Church and any corporations or entities affiliated with the foregoing from liability for any and all loss, damage, injuries, claims, demands, lawsuits, expenses and any other liability of any kind, of or to me or any other person, directly or indirectly arising out of or in connection with my participation in or attendance in the above-described activity. I further agree to hold harmless, indemnify and reimburse the Released Parties from and for any sums, costs, or expenses incurred by any of the Released Parties or paid by them to any person (including me or my insurers) in connection with any accident, loss, damage, or injury sustained by me or others in connection with my attendance at or participation in the above-described activity. This means that I will reimburse the Released Parties if anyone makes a claim against them based on damages or injuries I may suffer.

**Print:** \_\_\_\_\_

**Sign** \_\_\_\_\_ **Date:** \_\_\_\_\_