

FAC WAIVER, RELEASE OF LIABILITY, AND INDEMNIFCATION AGREEMENT

To be completed by all members and guests before use of the FAC

Name:	/ Today's Date://		
Address:			
City:	State: Zip:		
Phone Number:	Date of Birth://		

I wish to participate (or I wish my children or wards to participate) in or otherwise utilize or observe the facilities, services, equipment, programs or activities of the Spring Lake Community Fitness and Aquatic Center ("Center"). In exchange, I acknowledge and agree to all of the following:

Assumption of Risk: I do not know of any physical or mental health condition that would prevent me or my children or wards from, or could get worse by, our participation in or use of the facilities, equipment, programs, activities or services at the Center. I have had an opportunity to inspect the Center facilities and equipment (or immediately upon entering or participating will inspect such facilities and equipment) and have accepted the Center's facilities, equipment and programs as being safe and reasonably suited for the purposes intended. I am aware of the inherent risks, to myself and my children or wards, of participating, observing, or using the facilities, activities, programs, or services of the Center, and I assume full and sole responsibility for any and all of the risks, including the risk of physical injury, drowning, or death, and including the risk of contracting illnesses, bacteria, or viruses, such as the highly contagious coronavirus, also known as COVID-19, which spreads easily in public places (like the Center) where people are present, despite efforts to reduce the risk.

Waiver and Release of Liability: I hereby release the Spring Lake Public Schools and its Board of Education, and its Board members (individually and collectively), officers, directors, administrators, employees, agents, and volunteers (collectively the "Releasees"), from any and all claims, demands, liability, loss, damage, illness (including exposure to or infection from germs, bacteria, or viruses, including COVID-19), and injury (up to and including death), whether known or unknown, present or future (collectively, the "Claims"), which may occur as a result of my or my child's or ward's presence at, participation in, or use of any program, activity, service, equipment, or facility associated with or comprising part of the Center, and which arise out of or relate to the negligent acts or omissions of any of the Releasees; and I hereby waive and release any and all such Claims against Releasees to the fullest extent allowed under Michigan law.

Indemnification and Hold Harmless: I agree to indemnify and hold harmless any and all of the Releasees from any and all liability, loss, and expense, including legal costs and attorneys' fees, incurred by any of the Releasees, arising from or relating to any one or more Claims released in the preceding paragraph.

Governing Law and Severability: This agreement shall be interpreted according to the laws of the State of Michigan. If a court were to find any provision or provisions unenforceable, such provision or provisions merely shall be severed and the remainder shall be enforced. No aspect of this agreement shall be interpreted to lessen legal protections that Releasees otherwise enjoy under Michigan law, and this agreement shall be in addition to, and not in derogation of, such protections.

Voluntary Acceptance of A Schools and its Board expres services, equipment, program to sign this Waiver, Release of Agreement. I understand it a behalf of my children or wa successors, and any other per	sly conditions any parti is or activities of the Cei Liability, and Indemnif and voluntarily agree to rds. This Agreement	icipation in or use o nter, by me or my ch ication Agreement (' o it, and I freely sigr is binding upon my	r observation of the ild or ward, on my a "Agreement"). I hav n it on my own beha r legal representativ	e facilities, agreement e read the alf and on
Printed Name	Signature		//	_/
For Members or Guests Acc	ompanied by Minors:			
I wish for my child or childre participate in or otherwise use of the Center. In return, I ack	e or observe the facilitie	s, services, equipme		
As a parent or guardian or acto sign this Agreement, I give otherwise participate in the Cread and understood this Agreement of this Agreement indemnification and waiver and the control of the control	permission for, and I Center's activities, prog eement, and, on behalf ent applicable to mo	agree to be respons grams, services, equi of the Minors, I agre e, above, including	sible for, the Minors ipment, and facilitie ee to all of the same	to use or es. I have terms and
I specifically agree to indemni demands, liability, loss, dama Releasees, arising from or rel or arising from or relating to	age, illness, injury, legal ating to the Minors' act any released Claims, to	costs, and attorney tivities or presence i the fullest extent all	rs' fees incurred by a in, upon, or about th	any of the he Center,
Minor's Name (printed)	Mino	or's Date of Birth		
Minor's Name (printed)	Mino	or's Date of Birth		
Minor's Name (printed)	Mino	or's Date of Birth		
Minor's Name (printed)	 Mino	// or's Date of Birth		
Minor's Name (printed)	Mino	// or's Date of Birth		

Adult Signature

Printed Name of Adult