SEQUIM PICKLERS LIABILITY WAIVER
Thanks for Playing!! PICKLE ON!!!

PLEASE COMPLETE THE FOLLOWING and SIGN AT THE BOTTOM (print clearly):

Name: _____ **Best Phone # to Reach Me:** _____

Address: _____City _____

Email Address: _____

Emergency Contact Person: _____ **Phone #:** _____

Medical Conditions We Should Know About: _____

In consideration of being permitted to use the facilities, on behalf of myself, my family, my heirs, and my assigns, I hereby release the Sequim Picklers, their employees, and agents, from liability for injury, death, or loss suffered by me, while using the facilities, or in any way associated with participating in any and all Sequim Picklers activities now or in the future, resulting from ordinary negligence of Sequim Picklers, their agents, or employees. By the execution of this agreement, I assume full responsibility for any and all injuries or damages which may occur to me (including loss or theft of personal property) as a result of negligence on the part of Sequim Picklers, or their agents or employees. I affirm there are inherent risks in all health, fitness and sports activities, that I am aware of and appreciate these risks, and that I assume all responsibility for personal injury, death, or loss resulting from these injuries. The undersigned hereby agrees to defend, indemnify, and hold harmless Sequim Picklers, their officers, employees and agents from and against any and all loss, liability charges and expenses (including attorney's fees) and costs which may arise by reason of my voluntary participation in any activities. Sequim Picklers shall not be liable for any damages arising from personal injuries sustained by me. The undersigned assumes full responsibility for any injuries or damages that may occur to myself or my property during my voluntary participation and do hereby fully and forever release and discharge Sequim Picklers and their agents, from any action or cause of action present or future, whether the same be known or unknown, anticipated or unanticipated, resulting or arising out of my voluntary participation.

I certify that I am the parent or legal guardian of the participant named above, that I have read and understand the foregoing release and that I join the release without reservation, granting full consent and authorization for the above-named person to participate in the activity.

_____   _____
Signature   Date

Please check one: Signature of: _____ Participant   _____ Parent   _____ Guardian