## **READ BEFORE SIGNING**

In consideration of being allowed to participate in outdoor activities, including but not limited to volleyball, related events, and activities and indoor activities such as pool, darts, and dancing at The Mile Away Hall and Tavern LLC ("The Mile Away"), you acknowledge, understand, and agree to the following:

- 1. The risks of injury and illness including communicable diseases from the activities involved in this program are significant, including the potential for permanent paralysis and death, and while particular rules, equipment, and personal discipline may reduce these risks, the risks of serious injury and illness do exist; and,
- 2. I knowingly and willingly assume all risks, both known and unknown, and assume full responsibility for my participation;
- 3. I also acknowledge that there are inherent risks associated and accompanied with sports and activities and that I or my child may be injured as a result of an accident arising out of participation in athletics or activities:
- 4. I release and hold harmless The Mile Away, with respect to any and all injury, illness, disability, death, or loss or damage to person or property, whether arising from the negligence of The Mile Away or others, to the full extent permitted by Iowa law; and
- 5. I understand that participation in activities and my presence at The Mile Away is a privilege and I agree that The Mile Away has the right to remove me from the premises for any reason and I would forfeit any participation fees I may have paid.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AND POLICY AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

## PLEASE PRINT Participant's Name: \_\_\_\_\_ Date of Birth: Participant's Signature:\_\_\_\_\_\_DATE SIGNED:\_\_\_\_\_ FOR PARTICIPANTS OF MINORITY AGE This is to certify that I, as parent/guardian with legal responsibility for this participant, have read and explained the provisions in this waiver/release to my child including the risks of the activity and his/her responsibilities for adhering to the rules and regulations. Furthermore, I understand and accept these risks and responsibilities. I for myself, my spouse, and child do consent and agree to indemnify and hold harmless The Mile Away from any and all liabilities incident to my minor child's involvement or participation in these activities as provided above, to the fullest extent permitted by Iowa law. I further agree to the terms of termination of my child's participation and presence at The Mile Away, if The Mile Away deems that my child should be removed from the premises. Parent's Name: \_\_\_\_\_ Parent's Signature: DATE SIGNED: **Emergency Contact Information:** Name:

Relationship:\_\_\_\_\_

Phone Number: (\_\_\_\_\_)\_\_\_