



GUEST WAIVER AND RELEASE

In consideration for being permitted to participate in activities at the Indian Hill Winter Club, Inc., (the "Club") I, for myself and/or on behalf of my minor child/children listed below, agree to the following Waiver and Release:

I acknowledge that certain sporting activities such as ice skating, basketball, paddle tennis and fitness pursuits have inherent risks, hazards, and dangers for anyone, and that such risks, hazards, and dangers cannot in their entirety be eliminated. Such risks, hazards and dangers include, without limitation, the possibility of injury, paralysis and even death.

I, for myself, and for my minor child/children designated below, hereby assume all the risk as described above, and hereby release, waive and covenant not to sue the Club, its agents, officers, trustees, directors or employees for any injury (including permanent disability and death) sustained by me or my minor child/children as a result of our use of the Club's facilities.

I represent that my minor child/children and I are in sufficiently good health to participate in activities at the Club without jeopardizing our health. Our participation in any activities at the Club is purely voluntary and with full knowledge of the inherent risks, hazards and dangers.

I further agree for myself and for my minor child/children to indemnify and hold harmless the Club, its agents, officers, trustees, directors and employees from and against any and all claims, actions, causes of action, liabilities, suits, and expenses (including reasonable attorneys' fees) which are related to, arise out of, or are in any way connected with the participation in activities at the Club by me or my minor child/children.

I further agree that while at the Club, I and/or my minor child/children will abide by all rules and regulations of the Club.

I HAVE CAREFULLY READ, CLEARLY UNDERSTAND, AND VOLUNTARILY SIGN AND DATE THIS WAIVER, RELEASE AND INDEMNIFICATION AGREEMENT.

Name of Member (Sponsor): Name of Guest (Adult): _____

Name of Guest (Minor Child): _____ Age: _____

Name of Guest (Minor Child): _____ Age: _____

Name of Guest (Minor Child): _____ Age: _____

Name of Guest (Minor Child): _____ Age: _____

Guest (or Parent, if Guest under 18) Signature: _____ Date _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____

Cell Phone Contact: _____ E-Mail: _____

Name of Physician: _____ Phone: _____