

**EVENT REGISTRATION WAIVER AND RELEASE OF LIABILITY FORM**

First Name: \_\_\_\_\_ M.I. \_\_\_\_\_ Last name: \_\_\_\_\_ Gender: \_\_\_\_\_

DOB: \_\_\_\_\_ Age: \_\_\_\_\_ Emergency Number: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Name of Event: \_\_\_\_\_ Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

Event Host: VICTORY PARK OHIO

Activity/Sport: \_\_\_\_\_, and all other activities held at or in conjunction with the Event.

In consideration of my being permitted to participate in the Event and Activity/Sport referenced above (collectively, the "Activity"), wherever the Activity may occur, I hereby attest that, after reading this Form completely and carefully, I acknowledge that my participation in the Activity is entirely voluntary, and I further understand and agree as follows:

ASSUMPTION OF RISKS: I hereby assume all of the risks of participating in all activities at PMJ Park Holdings, LLC ("PMJ") d/b/a Victory Park Ohio ("VPO"), located at 7777 Victory Lane, North Ridgeville, Ohio 44039, including but not limited to, any risks that may arise from the negligence or carelessness of PMJ, VPO, their subsidiaries, affiliates, directors, officers, employees, partners, contractors, agents, representatives, volunteers, successors and assigns (collectively, the "Host") and/or from dangerous or defective equipment or property owned, maintained, operated or controlled by the Host.

I understand that incidental to my participation in the Activity, I may be engaging in activities that involve the risk of serious personal injury, illness, permanent disability, dismemberment, and death, and that such participation may also involve the risk of severe economic and property loss and damage. I understand that these risks may result from the actions, negligence and failure to act of myself and others and from the condition of any property, facilities or equipment used. I also understand that there may be risks involved which are not known to me or to the Released Parties, and may not be foreseen or reasonably foreseeable by any of us at this time or at the time of the Activity. Despite knowing these risks, I hereby elect to voluntarily participate in the Activity and agree to assume all related risks, including without limitation those enumerated above, and accept personal responsibility for any injury of any kind or nature that I or my property may suffer arising out of or in connection with my participation in the Activity.

PHYSICAL CONDITION/MEDICAL AUTHORIZATION: I hereby certify that I am physically fit for participation in the Event/Activity, have the skill level required in conjunction with the Activity, and have not been advised otherwise. I agree that before I participate in the Activity, I will inspect all related facilities and equipment. In connection with any injury sustained or illness or medical conditions experienced during my attendance in connection with the Activity, I authorize any emergency first aid, medication, medical treatment or surgery deemed necessary by the attending medical personnel if I am not able to act on my own behalf. Additionally, I authorize medical treatment for me, at my cost, if the need arises; however, I acknowledge that the Released Parties shall have no duty, obligation or liability arising out of the provision of, or failure to provide, medical treatment.

In consideration for permitting me to engage in or participate in the Activity, I agree for myself, my executors, administrators, heirs, successors, and assigns as follows:

(A) I WAIVE, RELEASE, AND DISCHARGE the Host from any and all liability, including but not limited to, liability arising from the negligence of the Host, for my death, disability, personal injury, property damage, property theft, or any other damage or actions of any kind which may affect or impact me in any way arising from the Activity.

(B) I INDEMNIFY, HOLD HARMLESS, AND PROMISE NOT TO SUE the Host from any and all liabilities or claims made as a result of my participation in the Activity, whether caused by the negligence of the Host or otherwise.

This Accident Waiver and Release of Liability Form ("Release Form") shall be construed in accordance with the laws of Ohio. This Release Form shall be construed broadly to provide a release and waiver to the maximum extent permissible under applicable law.

I CERTIFY THAT I HAVE READ THIS DOCUMENT; AND I FULLY UNDERSTAND ITS CONTENT. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT AND I SIGN IT OF MY OWN FREE WILL.

PARENT / GUARDIAN WAIVER FOR MINORS (Under 18 years old)

\_\_\_\_\_  
Signature

The undersigned parent or natural guardian does hereby represent that he/she is acting in such capacity, has consented to his/her child's participation in activities at the Complex, and has agreed individually and on behalf of the child, to the terms of the Release Form set forth above.

\_\_\_\_\_  
Participant Name (Please print legibly)

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent Name (Please print legibly)