



Longplex Family & Sports Center

MEMBER PARTICIPANT RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT

Organization Name: Longplex, LLC and Tiverton Recreation, LLC (herein after "Longplex")

Participant Name: _____

Participant Address: _____

In consideration of being allowed to enter the premises, participate in any way including but not limited to any membership program, sporting events, activities and/or other events at Longplex located at 300 Industrial Way, Tiverton, RI 02878 I the undersigned, acknowledge, appreciate and agree that:

1. The risk of injury from participation in any sports, activities and/or events at Longplex is significant, including the potential for permanent paralysis and death.
2. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES (hereinafter defined) or others, and assume full responsibility for my participation.
3. I willingly agree to comply with terms and conditions for participation. If I observe any unusual significant hazard during my presence or participation, I will remove myself from participation and bring such hazard to the attention of the nearest official/employee of Longplex immediately.
4. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE, INDEMNIFY AND HOLD HARMLESS Longplex, LLC and Tiverton Recreation, LLC, its officers, officials, agents and/or employees, other participants, sponsors, advertisers and, if applicable, owners and lessors of premises used to conduct the sporting event, activities and/or event (hereinafter "RELEASEES") from any and all claims, demands, losses and liability arising out of or related to any INJURY, DISABILITY OR DEATH I may suffer; or loss or damage to person or property, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE, to the fullest extent permitted by law.
5. I hereby grant Longplex permission to use my likeness in a photograph, video, or other digital media in any and all of its publications, including web-based publications, without payment or other consideration.

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

X _____
Participant Signature Age Date

FOR PARENTS/GUARDIANS OF PARTICIPANT OF MINOR AGE
(UNDER AGE 18 AT TIME OF REGISTRATION)

This is to certify that I, as parent/guardian with legal responsibility for this participant, _____ (name of participant) do hereby consent and agree to his/her release as provided above of all the Releasees, and, for myself, my heirs, assigns and next of kin, I release and agree to indemnify and hold harmless the Releasees from any and all liability incidental to my minor child's involvement or participation in these sports, activities and/or events as provided above, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES, to the fullest extent permitted by law.

X _____
Parent/Guardian Signature Relationship Date

Parent/Guardian Printed Name Emergency Phone Number

Address

