



The Hub  
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## Waiver and release of liability, Assumption of Risk, Indemnity, and Parental Consent Agreement for The Hub.

In consideration of being allowed to participate in any way in any event or activity at The Hub, I, the undersigned, acknowledge and agree that by participating in any activity, event, workshop, contest, rehearsal, or performance, there is a possibility of physical injury. I voluntarily agree, therefore, to assume all responsibility risks and responsibility for any such injury or accident which might occur to me or my child(ren) during any of The Hub's activities. I also exempt, release, and indemnify The Hub, its owners, agents, volunteers, assistants, employees, guest or performers, and/or members and patrons from any and all liability claims, demands, or causes of action whatsoever and from any damage, loss, injury, or death to me my child(ren), or property which may arise out of or in connection with participation in any activities or event conduc[Type a quote from the document or the summary of an interesting point. You can position the text box anywhere in the document. Use the Drawing Tools tab to change the formatting of the pull quote text box.]

ted at The Hub. I further hereby voluntarily agree to waive my rights and assign to hold The Hub, its owners, agents, volunteers, assistants, employees, guest performers, members and/or patrons liable for such damage, loss, or injury. I understand that I should be aware of my physical limitations and agree not to exceed them. If I am signing this waiver for my child(ren), I certify that I am the parent or legal guardian and have the right to waive these rights.

I have read this release of liability and assumption of risk 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.

Signature Date \_\_\_\_\_  
(If participate is under the age of 18, parent/legal guardian signature)  
Parent/legal Guardian Signature \_\_\_\_\_  
Customer or Member (please circle to indicate one-time visit or new membership)  
Printed Name of customer/member \_\_\_\_\_  
Address, City, State, and Zip \_\_\_\_\_  
Home Phone \_\_\_\_\_  
Cell Phone \_\_\_\_\_  
Email Address \_\_\_\_\_  
Emergency Contact Name \_\_\_\_\_  
Contacts Relation \_\_\_\_\_  
Contacts Phone Number \_\_\_\_\_

FOR OFFICE USE ONLY

Database Y/N

Data entered:

Entered by: