



DROP-IN WAIVER

Program/Class _____ **Date** _____

First Name _____ **Last Name** _____

Address _____ Apt _____ City _____ St _____ Zip _____

Phone _____ Email _____

Date of Birth (mm/dd/yyyy) _____ Age _____ Male Female

PARENT/GUARDIAN #1 (If under 18 years of age)

Full Name _____

Address (if different) _____

City _____ St _____ Zip _____

Phone #1 _____

Phone #2 _____

Email _____

Primary Emergency Contact _____ Phone _____

PARENT/GUARDIAN #2 (If under 18 years of age)

Full Name _____

Address (if different) _____

City _____ St _____ Zip _____

Phone #1 _____

Phone #2 _____

Email _____

ASSUMPTION OF RISK

I am aware that the use of the facilities at the Field House at Chelsea Piers (the "Field House") poses certain risks of injury and I expressly assume the risk and responsibility for any accidents or injuries of any kind sustained by reason of my or my child's use of the Field House's facilities. The risk of injury includes: minor injuries such as bruises and more serious injuries such as broken bones, dislocations, and muscle pulls. The risk also includes catastrophic injuries such as permanent paralysis or even death.

I hereby release, discharge and absolve the Field House, together with its owner Chelsea Piers, L.P. and its agents, officers, and employees, from any and all liability, loss, costs, and expenses (including attorneys' fees and disbursements) incurred as a result of any such accident. I, or my child, will abide by all of the rules and regulations of the Field House and I, or my child, shall not use any equipment without prior instruction by the Field House staff.

INDEMNITY

I promise to indemnify and hold harmless the Field House, together with its owners Chelsea Piers, L.P. and its agents, officers, and employees, from any liability, loss, costs and expenses (including attorneys' fees and disbursements) as a result of any accident, injury or other loss to any third party caused in any way by my use of the Field House equipment.

Participant Signature _____ Date _____

Parent/Guardian Signature (If under 18 years of age) _____ Date _____

FOR OFFICE USE ONLY
 APPROVED BY: Hector or Kim (Initials) _____ Front Desk (please print employee name) _____