

Release of Liability

Read Carefully – This affects your legal rights

In exchange for participation in the activity of observing the Pure Initiative Instructors in schools by Choices for Women of Jefferson County, 304 Jefferson Street, Madison, IN 47250 and/or use of the property, facilities and services of Choices for Women of Jefferson County (CFW) and (if applicable) for the members of my family to the following:

1. I agree to observe and obey all posted rules and warnings, further agree to follow any oral instructions or direction given by CFW or the employees, representatives or agents of CFW.
2. I recognize that there are certain inherent risks associated with the above described activity and I assume full responsibility for personal injury to myself and if applicable my family members, and further release and discharge CFW for injury, loss or damage arising and of my or my family's use of or presence upon the facilities of CFW whether caused by the fault of myself, my family, CFW or other third parties.
3. I agree to indemnify and defend CFW against all claims, causes of action, damages, judgments, costs or expenses, including attorney fees and other litigation costs, which my in any way arise from my or my family's use of or presence upon the facilities of CFW.
4. I agree to pay for all damages to the facilities of CFW caused by my family's negligent, reckless or willful actions.
5. Any legal or equitable claims that may arise from participation in the above shall be resolved under Indiana law.

I HAVE READ THIS DOCUMENT AND UNDERSTAND IT. I FURTHER UNDERSTAND THAT BY SIGNING THIS RELEASE, I VOLUNTARILY SURRENDER CERTAIN LEGAL RIGHTS.

Dated: _____ Signature: _____

Participant Name: _____

Address: _____

City: _____ State: _____ Zip: _____

In case of an emergency, please call:

Name: _____

Phone number: _____