



Waiver & Release of Liability
Hold Harmless Indemnification Agreement



Verona PBA Local 72
PO Box 72, Verona, NJ 07044
973-239-1740

Express assumption of risk: I, the undersigned, am aware that there are significant risks involved in any physical training regimen. These risks include, but are not limited to: falls which can result in serious injury or death, injury or death due to negligence on the part of myself, my training partner, or other people around me, injury or death due to improper use or failure of equipment. ***Injury may also result simply from the fact of physical training itself. By its very nature, physical training seeks to have me push beyond my limits in order to produce a physical adaptation by my body. This requires feedback from me to my trainer regarding what is happening with my body. Excessive work can result (in rare cases) in exertional rhabdomyolysis. I should look for signs of excessive soreness, darkened urine, and pain in the kidney areas in the days following a particularly intense workout.*** I am aware that any of these above mentioned risks may result in serious injury or death to myself and or my partner(s). I willingly assume full responsibility for the risks that I am exposing myself to and accept full responsibility for any injury or death that may result from participation in any activity or while training/competing in this event.

I, the undersigned acknowledge that I have no physical impairments or illnesses that will endanger myself or others and acknowledge that I should consult a physician before engaging in such activity. INITIALS: _____

Release: In consideration of the above mentioned risks and hazards and in consideration of the fact that I am willingly and voluntarily participating in the activities during this event; I, the undersigned hereby release the Verona PBA, Verona High School, Verona Police Department and the Township of Verona, their principals, agents, employees, and volunteers from any and all liability, claims, demands, actions or rights of action, which are related to, arise out of, or are in any way connected with my participation in this activity, including those allegedly attributed to the negligent acts or omissions of the above mentioned parties.

This agreement shall be binding upon me, my successors, representatives, heirs, executors, assigns, or transferees. If any portion of this agreement is held invalid, I agree that the remainder of the agreement shall remain in full legal force and effect. If I am signing on behalf of a minor child, I also give full permission for any person connected with the Verona PBA to administer first aid deemed necessary, and in case of serious illness or injury, I give permission to call for medical and or surgical care for the child and to transport the child to a medical facility deemed necessary for the wellbeing of the child.

Indemnification: The participant recognizes that there is risk involved in the types of activities offered by this event. Therefore the participant accepts financial responsibility for any injury that the participant may cause either to him/herself or to any other participant due to his/her negligence. Should the above mentioned parties, or anyone acting on their behalf, be required to incur attorney's fees and costs to enforce this agreement, I agree to reimburse them for such fees and costs. I further agree to indemnify and hold harmless the Verona PBA, Verona High School, Verona Police Department, the Township of Verona, their principals, agents, employees, and volunteers from liability for the injury or death of any person(s) and damage to property that may result from my negligent or intentional act or omission while participating in activities offered at this event.

I have read and understood the foregoing assumption of risk and release of liability and I understand that by signing, it obligates me to indemnify the parties named for any liability for injury or death of any person and damage to property caused by my negligent or intentional act or omission. I understand that by signing this form I am waiving valuable legal rights.

Participant: _____ **Date of Birth:** _____

Address: _____ **Phone:** (_____) _____

In case of emergency, I would like the Verona PBA to call: _____

Phone: (_____) _____ **This person is my:** (parent, friend, spouse, etc.) _____

Signature of participant: _____ **Date:** _____

If Participant is under the age of 18 – Below **MUST Be Completed**

Name of Parent or Guardian: _____

Signature of Parent or Guardian: _____ **Date:** _____