FAMILY WAIVER OF LIABILITY

This Personal & Family Waiver of Liability is entered into between the "Authorized Representative" and **Lakewood Racquet and Sport Club,** the “club”.

1. Scope of Agreement

The Authorized Representative is signing this Waiver on behalf of themselves and the following family members (collectively referred to as the "Participants"):

- **Spouse/Additional Adult: _____**
- **Minor Child: _____**
- **Minor Child: _____**
- **Minor Child: _____**

2. Assumption of Risk

The Authorized Representative acknowledges and understands that the activities and services provided by the Club, including but not limited to racquet sports, fitness programs, and the use of facilities, involve inherent risks. These risks may include, but are not limited to, physical injury, illness, or death. The Authorized Representative assumes these risks on behalf of all Participants listed above.

3. Release and Waiver

In consideration of being allowed to participate in the Club's activities, the Authorized Representative hereby releases and discharges the Club, its owners, employees, agents, and representatives from any and all liability, claims, demands, actions, or causes of action that may arise out of or in connection with any of the Participants' participation in the Club's activities.

4. Authority to Sign

The Authorized Representative warrants that they have the legal authority to sign this waiver on behalf of the spouse and/or minor children listed above. If any of the Participants are minors, the Authorized Representative affirms they are the parent or legal guardian of said minors.

5. Emergency Medical Treatment

In the event of an emergency involving any of the Participants, the Authorized Representative authorizes the Club to seek and consent to emergency medical treatment on their behalf.

6. Governing Law & Severability

This Waiver shall be governed by the laws of **Washington**. If any provision is held invalid, the remaining provisions shall continue to be valid and enforceable.

7. Acknowledgment

The Authorized Representative acknowledges that they have read and understand this Waiver, and they sign it voluntarily as their own free act and deed, binding themselves and the listed family members to its terms.

Authorized Representative Name:

_____

Phone:_____ E-Mail:_____

Signature: _____Date:_____