## PARTICIPANT AGREEMENT, RELEASE AND ASSUMPTION OF RISK

In consideration of the services of Sport-Way Inc, their agents, owners, officers, volunteers, employees, and all other persons or entities acting in any capacity on their behalf (hereinafter collectively referred to as "SWI"), I hereby agree to release, indemnify, and discharge SWI, on behalf of myself, my spouse, my children, my parents, my heirs, assigns, personal representative, and estate as follows:

1. I acknowledge that my participation in go carts, batting cages, bungee quad, games and arcades, food concessions, and miniature golf activities entail known and unanticipated risks that could result in physical or emotional injury, paralysis, death, or damage to myself, to property, or to third parties. I understand that such risks simply cannot be eliminated without jeopardizing the essential qualities of the activity.

The risks include, among other things: slips and falls, the negligence of other participants or myself; weather conditions; my own physical condition; major injuries are a risk as are sprains, strains, scratches, bruises, abrasions, cuts, lacerations, broken bones, fractures, musculoskeletal injuries including head, neck, and back injuries; injuries to internal organs; loss of fingers or other appendages; exposure to sun; dislocations, pinched fingers, exposure to sun; transmissible pathogen or disease; the negligence of other participants, or persons who may be present;

- 2. I expressly agree and promise to accept and assume all of the risks existing in this activity. My participation in this activity is purely voluntary, and I elect to participate in spite of the risks.
- 3. I hereby voluntarily release, forever discharge, and agree to indemnify and hold harmless SWI from any and all claims, demands, or causes of action, which are in any way connected with my participation in this activity or my use of SWI's equipment or facilities, including any such claims which allege negligent acts or omissions of SWI.
- 4. Should SWI or anyone acting on their behalf, be required to incur attorney's fees and costs to enforce this agreement, I agree to indemnify and hold them harmless for all such fees and costs.
- 5. I certify that I have adequate insurance to cover any injury or damage I may cause or suffer while participating, or else I agree to bear the costs of such injury or damage myself. I further certify that I am willing to assume the risk of any medical or physical condition I may have.
- 6. In the event that I file a lawsuit against SWI, I agree to do so solely in the state of Michigan, and I further agree that the substantive law of that state shall apply in that action without regard to the conflict of law rules of that state. I agree that if any portion of this agreement is found to be void or unenforceable, the remaining document shall remain in full force and effect.

By signing this document, I acknowledge that if anyone is hurt or property is damaged during my participation in this activity, I may be found by a court of law to have waived my right to maintain a lawsuit against SWI on the basis of any claim from which I have released them herein. I also agree that this document is valid for subsequent visits and participation at SWI. I have had sufficient opportunity to read this entire document. I have read and understood it, and I agree to be bound by its terms.

Print Name

Parent or Guardian:

DOB

Phone Number

Date: \_\_\_

Address		_City	
State	Zip	Email	
Signature of Participant			Date
In consideration of the following	(Must be co	UARDIAN'S ADDITIONAL ompleted for participants under the complete of the participants and DOB(s))	
	=		t and facilities, I further agree to indemnify and hold or(s), and which are in any way connected with such use

Print Name: