



Warning, Waiver, Assumption of Risk, and Release from Liability

I, _____, am a parent or legal guardian of _____, or I am an adult who will be participating in Activities at the Cascades Academy facility, including, the gym and restrooms. I fully understand and appreciate the dangers, hazards and risks inherent in using the facility.

I agree to assume the risk of the Activity, and further agree to waive, release, discharge, defend, indemnify and hold harmless Cascades Academy and its directors, officers, employees, representatives, and agents from any and all liability, costs, claims, demands, actions and causes of action for any loss, damage, expense, personal illness, injury or death that may be sustained by me, or loss, expense, damage or injury to any property or person arising out of or in any way related to my participation in the Activity, including but not limited to any loss, expense, damage or injury that may arise or relate to the negligence of Cascades Academy.

I fully understand the Activity will occur without Cascades Academy sponsorship, involvement, or supervision and medical services WILL NOT be available. In the event medical services are required, and/or in the event of illness or injury to myself or others participating in the Activity, I hereby authorize Cascades Academy, by and through any representative(s) or agent(s), if any, and/or any other participant in the Activity, to secure any necessary treatment for me including the administration of an anesthetic and surgery. I shall be responsible for all medical expenses incurred on my behalf.

I understand Cascades Academy will not have any representative(s) or agent(s) present at the Activity. I have carefully read these terms, understand their content, and acknowledge and agree this is a warning, waiver, assumption of risk, and release of liability by me in favor of Cascades Academy, and that this release shall be binding on my personal representatives, heirs and next of kin.

This Agreement shall be governed by Oregon law, and I acknowledge and agree this release shall be as broad and inclusive as is permitted by the laws of the State of Oregon and that if any portion hereof is held to be invalid, the remaining provisions shall continue in full force and effect.

I certify and warrant that I have read and understood the above statements and agree to the same.

Signature of Adult Participant or Child's Parent/Guardian _____

Printed Name of Adult Participant or Child's Parent/Guardian _____

Today's Date _____

Address _____

City/State/Zip _____

Telephone number: _____

Emergency Contact Information (person to call first in the event of an emergency)

Name: _____ Relationship: _____

City: _____ Day Phone: _____ Night Phone: _____