

ASSUMPTION OF RISK, WAIVER, AND RELEASE FROM LIABILITY

PLEASE READ CAREFULLY BEFORE SIGNING THIS ACKNOWLEDGMENT, WAIVER, AND RELEASE FROM LIABILITY:

- 1. ASSUMPTION OF THE RISK. The undersigned assumes all risks which are foreseeable and involved with or may arise out of his or her participation and license to use the swimming pool, the locker rooms and adjacent hallways and walkways (hereinafter "Premises), including, but not limited to, the negligent and or willful and wanton acts of others, the criminal and or intentional acts of others, the omission of an act of another, a defect or condition of the Premises, a defect or condition of the concessions provided, or the unavailability of emergency care.
2. RELEASE. The undersigned releases the Sisters of the Humility of Mary, Villa Maria, Pennsylvania, and all of its officers, trustees, employees, subsidiaries, related corporations, and agents, and agrees not to initiate litigation on account of or in connection with any claims, causes of action, injuries, illnesses, damages, costs and/or expenses arising out of the use of the Premises, including, but not limited to, claims, causes of action, injuries, illnesses, damages, costs and/or expenses based on death, bodily injury, or property damage whether or not caused by the negligence or other fault of the parties being released.
3. WAIVER. The undersigned waives the protection afforded by any statute or law in any jurisdiction whose purpose, substance, cause and/or effect is to provide that a general release shall not extend to claims, material or otherwise, which the person giving the release does not know or suspect to exist at the time of executing this release. This means, in part, that the undersigned is releasing unknown future claims.
4. INDEMNITY AND DEFEND. The undersigned agrees to indemnify and defend the Sisters of the Humility of Mary, Villa Maria, Pennsylvania, and all of its officers, trustees, employees, subsidiaries, related corporations, and agents (hereinafter jointly referred to as "Indemnatee") against, and hold them harmless from, any and all claims, causes of action, damages to or destruction of any property of the Indemnatee or any others, injury or death that may result to the undersigned or anyone else.
5. REPRESENTATIVES. The undersigned enters into this agreement for him/herself, his/her heirs, assigns and legal representatives.
6. INSURANCE. The undersigned understands that the Sisters of the Humility of Mary, Villa Maria, Pennsylvania, does not carry insurance to cover any possible losses the undersigned may incur as a result of his or her participation in this activity. The undersigned is encouraged to have a medical physical exam and purchase health insurance prior to any and all participation.
7. ACKNOWLEDGMENT. THE UNDERSIGNED HAS READ AND UNDERSTANDS THIS AGREEMENT AND REALIZES IT RELATES TO SURRENDERING AND RELEASING VALUABLE LEGAL RIGHTS AND DOES SO FREELY AND VOLUNTARILY.

OVER 18 YEARS OF AGE: PARTICIPANT'S NAME: \_\_\_\_\_

OVER 18 YEARS OF AGE: PARTICIPANT'S SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

IF PARTICIPANT IS UNDER 18 YEARS OF AGE; PARENT/LEGAL GUARDIAN MUST SIGN:

PARTICIPANT'S NAME: \_\_\_\_\_

PARENT'S/LEGAL GUARDIAN'S NAME: \_\_\_\_\_

PARENT/LEGAL GUARDIAN SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_ RELATIONSHIP TO CHILD: \_\_\_\_\_

PLEASE CHECK ONE OF THE FOLLOWING CATEGORIES AND NAME WHO YOU ARE A GUEST OF:

- HM ASSOCIATE or COVENANT COMPANION
VILLA MARIA EMPLOYEE
VILLA MARIA APARTMENT RESIDENT
VMESC PROGRAM PARTICIPANT
OTHER; PLEASE EXPLAIN:
GUEST OF HM ASSOCIATE/CC (Associate/CC: \_\_\_\_\_)
GUEST OF VILLA EMPLOYEE (Employee: \_\_\_\_\_)
GUEST OF VILLA APARTMENT RESIDENT (Res.: \_\_\_\_\_)
GUEST OF HM SISTER (Sister: \_\_\_\_\_)