**WAIVER AND RELEASE OF LIABILITY**

**FOR VISITORS OF DIYANET CENTER OF AMERICA SPORTS CENTER**

I, the undersigned, hereby acknowledge that participation in sports, fitness, and recreational activities (“Activities”) at the Sports Center of Turkish-American Community Center, Inc. (d/b/a Diyanet Center of America) (hereinafter, “DCA”) involves inherent risks and dangers of serious bodily injury, including, without limitation, permanent disability, paralysis and death (“Risks”); (b) these Risks and dangers may be caused by my own actions or inactions, the actions or inactions of others participating in the Activities or the negligence of the Releasees named below; (c) there may be other risks and losses either not known to me or not readily foreseeable at this time; and I fully accept and assume all risks of losses, costs and damages, whether or not they are now known or foreseeable, I incur as a result of my participation in the Activities to the extent that the losses, costs and/or damages are the result, whether directly, indirectly or otherwise, of the actual or alleged negligence of any one or more of the Releasees.

I agree that I will examine the facilities and that if I observe any unusual, significant danger or hazard, I will remove myself from participation and bring such condition to the attention of the nearest DCA employee.

In consideration of being allowed to use the facilities and participate in activities at DCA’s Sports Center,  I hereby release and discharge, and covenant not to sue, Diyanet Center of America, its members, managers, agents, officers and employees (the “Releasees”), from/for any and all liability, claims, demands, losses or damages caused or allegedly caused in whole or in part by the negligence of any of the Releasees, and waive any liability of, or any claim I may have against, any Releasee as a result, in whole or in part, of the negligence of any of the Releasees. I further agree that if, despite this release, waiver of liability, assumption of risk, and indemnity agreement, anyone on my behalf makes a claim against any of the Releasees based upon the negligence or alleged negligence of any one or more Releasees, I will indemnify and hold harmless each of the Releasees from any expense of litigation, attorney fees, loss, liability, damage, or cost.

I certify that I (or my child) am physically fit and sufficiently trained to participate in the activities offered. I understand it is my responsibility to consult with a physician regarding my fitness to participate.

I authorize DCA staff to provide or obtain emergency medical treatment for me (or my child) if deemed necessary. I agree to be responsible for all costs associated with such treatment.

I have fully informed myself of the contents of this Waiver and Release of Liability by reading it before signing it. By my signature below, I understand and agree to the above terms and conditions.

Participant’s Full Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

FOR PARENTS/GUARDIANS OF PARTICIPANT OF MINOR AGE (UNDER AGE 18 AT TIME OF REGISTRATION)

As the parent/guardian with legal responsibility for the minor child whose name is stated above, I accept and agree to the full contents of this Waiver and Release of Liability in consideration of him/her being permitted to use DCA’s Sports Center. I agree to release, indemnify, defend and hold DCA harmless from all liabilities and future claims presented by my minor child and/or his/her parents, for any losses suffered by him/her. This includes any claim of the minor and any claim arising from the negligence of DCA.

Full Name of Parent/Guardian:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_