

**SPORTSPLEX, SPLASHPARK AND AQUATICS CENTER WAIVER
AND RELEASE OF LIABILITY FORM**

WARNING OF RISK

Sportsplex and Aquatic activities challenge and engage the physical, mental and emotional resource of each participant. However, despite careful and proper preparation, precautions, instruction, medical advice, conditioning and equipment, there still is a risk of exposure to waterborne diseases and illnesses and the risk of serious physical injury, including but not limited to drowning, head/brain injury and spinal cord injury. Understandably not all hazards and damages can be foreseen. The very nature of aquatic activities are hazardous and risky, including but not limited to fatigue and overexertion, failing to avoid dangerous areas, failing to follow rules and regulations, failure of attendants to locate victims and/or delay in emergency response time, horseplay, inadequate supervision or instruction, lack of conditioning, becoming disoriented, striking other participants, striking one's head on the ground, slip and falls upon the deck or within restrooms, exposure to waterborne illnesses/diseases, and all other circumstances inherent to aquatic activities. In this regard, it is to be recognized that it is impossible for the City of Opelika and The Parks and Recreation Board of the City of Opelika to guarantee absolute safety.

RELEASE AND INDEMNITY

I, _____, the participant and/or the parent/guardian of the participant agree and understand that aquatic activities, including swimming in the indoor pool and/or use of the Sportsplex, aquatics, and splashpark facilities, and playground structures are **HAZARDOUS** activities. I recognize that there are risks inherent in the use of said facilities including but not limited to, the contraction of waterborne illnesses, paralyzing injuries and death. In consideration of the benefits to be gained by myself/my child, I hereby consent to my/my child's participation in Sportsplex and aquatic activities, including but not limited to the use of the equipment, indoor pool and splashpark at the Opelika Sportsplex located at 1001 Andrews Road in the City of Opelika under the control and jurisdiction of the City of Opelika. I recognize and acknowledge that there are certain inherent risks of physical injury or to the exposure to waterborne diseases to patrons of the Sportsplex and aquatic facilities, and I voluntarily agree to assume the full risk of any injuries, illnesses, damages or loss, regardless of the severity thereof, that I or my minor child/ward may sustain as the result in engaging in any activities at the Opelika Sportsplex. The risk of injury includes, but is not limited to, minor injuries such as abrasions and bruises, and more serious injuries such as broken bones, muscle pulls and dislocations. The risk of injury also includes catastrophic injury such as permanent paralysis or even death. The risk of illness includes the exposure to waterborne illnesses, including E-coli, Cryptosporidiosis and other infections. I understand that even with caution, reasonable hygiene and proper chlorination, waterborne bacteria and parasites can infect swimmers and other participants in aquatic activities who swallow and inhale even small amounts of water. Symptoms of waterborne illnesses include cramps, nausea, fever and severe diarrhea. With the full knowledge of the potential risks for injury, illness or disease, I hereby give my consent to participate and/or give my minor child permission to participate in such activities and/or give my ward permission to participate and represent that I have full legal authority to provide such consent.

The participant and/or the parent/guardian of the participant authorizes any representative of the Opelika Sportsplex to have the participant treated or to have their child/ward treated in any medical emergency during their participation in aquatic activities at the Sportsplex. Further, the participant and/or parent/guardian agrees to pay all costs associated with medical care and transportation for the participant or child/ward.

On behalf of myself, my child, my ward, my heirs, assigns, and personal representatives, I hereby voluntarily release, waive, forever discharge and agree to indemnify and hold harmless the City of Opelika, a municipal corporation, the Parks and Recreation Board of the City of Opelika and each of their officers, officials, directors, agents and employees from any and all liability for any and all claims, demands, damages, losses, causes of action, present or future, whether the same be known or unknown, anticipated or unanticipated, arising from the participant's use or intended use of the all facilities in the Opelika Sportsplex, including the use of the indoor pool and/or splashpark. The undersigned participant, parent or guardian further agrees to save and hold harmless and indemnify each the City of Opelika, The Parks and Recreation Board of the City of Opelika, their officers, officials, agents, and employees from all liability, loss, costs, claim or damage whatsoever, which may be imposed upon any of them because of any defect in or lack of such capacity to so act of any minor child or ward and release the above parties on behalf of the minor child/ward and the parents or legal guardians.

I hereby agree to **INDEMNIFY, HOLD HARMLESS AND PROMISE NOT TO SUE** the City of Opelika, The Parks and Recreation Board and their officers, officials, directors, agents, and employees from all liabilities or claims made as a result of participation in said aquatic activities, whether caused by negligence or otherwise.

I understand that participation in said activities is strictly voluntarily and I freely choose to participate.

I have carefully read this release of liability and understand and fully agree with its contents.

THIS IS A RELEASE OF LIABILITY. DO NOT SIGN IF YOU DO NOT UNDERSTAND OR DO NOT AGREE WITH ITS TERMS.

TODAY'S DATE

PARTICIPANT'S NAME (PLEASE PRINT)

PARTICIPANT'S SIGNATURE
(MUST BE 19 YEARS OR OLDER)

PRINT NAME OF PARENT/GUARDIAN
OF PARTICIPANT (IF UNDER 19 YEARS)

PARENT/GUARDIAN'S SIGNATURE

CHILD'S NAME (PLEASE PRINT)

CHILD'S AGE

Address

City/State

Emergency Contact Name

Relation to Participant

Phone Number