## COULIER HOLDINGS, LLC dba <u>SPORTS LAB TEAM TRAINING COMPLEX</u> <u>THIS IS A RELEASE</u>

## **Instructions:**

<u>Participants under age 18</u>: A parent or guardian must complete Parts A and B and sign and date at the bottom. <u>Participants age 18 or older</u>: Complete Part A and sign and date at the bottom.

Part A – Participant Waiver and Release from Liability. Print legibly.		
Participant's Name:		Date of Birth:
Address:		Telephone No.:
	Initio	al each box after reading and understanding each paragraph
recrea	Release, Indemnification, Assumption of Risk. In consideration fo ational and athletic activities and programs of Coulier Holdings, I ERSIGNED, for the minor Participant (if applicable), himself or herself, a	LLC dba Sports Lab Team Training Complex, the
T (' P	RELEASES, WAIVES, DISCHARGES, AND COVENANTS NOT TO Feam Training Complex and its trustees, officers, employees, agents "Releasees"), from all liability to Participant for any damage, claim or dearticipant, including death, whether caused by the negligence of Reparticipant's participation in the Activities.	s, and representatives and other participants lemands for injury to the person or property of
aı C	AGREES TO INDEMNIFY AND HOLD HARMLESS Releasees from a my Releasee due to the presence of Participant in any Coulier Holdings Complex facilities or in any way involved in the Activities and wheth therwise.	Company, LLC dba Sports Lab Team Training
d	ASSUMES FULL RESPONSIBILITY FOR AND RISK OF BODILY IN the to the negligence of Releasees or otherwise while in or upon any Craining Complex facilities or while involved in the Activities.	
O ha li	ACKNOWLEDGES AND AGREES THAT THE ACTIVITIES MAY BE OF SERIOUS INJURY, DEATH OR PROPERTY DAMAGE. Strength, azardous. The inherent risks include muscle soreness, exhaustion, de igament injury, bone fracture, seizure, heart attack, and death. Participa with the knowledge of the dangers involved.	flexibility and aerobic exercises are potentially chydration, injury, fainting, falls, muscle and
SUFF partici Under	bility to Participate. THE UNDERSIGNED FURTHER EXPRESSLY CERING FROM ANY CONDITION, IMPAIRMENT, DISEASE OR Cipation in the Activities. A physician's approval prior to participation in riginged affirms that Participant has either been given physician's permistrigened has otherwise freely decided to allow Participant to participate in	OTHER INFIRMITY that would prevent safe the Activities is strongly recommended. The ssion to participate in the Activities or that the
and th	iscellaneous. THE UNDERSIGNED further agrees that this Release is in nat if any portion is held invalid, it is agreed that the balance of the Release governed by Michigan law.	
date, am the acting	B – Parent/Guardian Waiver and Release from Liability. If the aparent or guardian must additionally agree as follows: I, e parent or legal guardian of the minor Participant, in such capacity. I agree to the terms of the Part A Waiver and Release, the ature of the UNDERSIGNED. THE UNDERSIGNED, AGREED	, the UNDERSIGNED,, and I do hereby affirm that I am for both myself and the referenced Participant minor.
VOLU	UNTARILY SIGNS BELOW and further agrees that no oral statements o	
LIIII	Name:	_
Signo	od:	Data