

# Mount Vernon Athletic Club/Mansion House Club Sports Waiver

(One form per family is required)

Child(ren) Name(s): \_\_\_\_\_

Mother/Guardian1: \_\_\_\_\_ Primary Ph: \_\_\_\_\_

Father/Guardian2: \_\_\_\_\_ Primary Ph: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Primary Ph: \_\_\_\_\_

Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

Allergies or other medical conditions that would be pertinent in an emergency (Note "NONE", if none):

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## Waiver Statement:

I understand that there is an inherent risk of injury, whether caused by me or someone else, in the use of or presence at the Mount Vernon Athletic Club (the "Club"), the use of the Club's equipment and services, and participation in the Club's programs and Club-sponsored activities or events (whether on-site or outside the Club) (the "Club Programs and Activities"). I understand and voluntarily accept this risk. I expressly agree that my (1) use of the Club's equipment and services and (2) participation in the Club Programs and Activities, shall be undertaken at my sole risk, and the Club shall not be liable for any injuries or damage to me or to my property or be subject to any claim, demand, injury, or damages whatsoever.

The Club shall not be responsible or liable for articles damaged, lost, or stolen or for loss or damages to any property, including, but not limited to, automobiles and the contents thereof. I waive any and all claims and actions and shall hold harmless the Club and its employees, agents, volunteers, property owners, members, managers, officers, directors, affiliates and representatives (the "Club Parties") from any and all loss, cost, claim, injury, damage or liability (including, but not limited to, attorney fees) sustained or incurred resulting from, arising out of or incident to use of the Club's equipment and services or participation in the Club Programs and Activities, except only if the same is the direct result of the gross negligence or willful misconduct of the Club Parties.

I represent and warrant that I have no disability, impairment, or ailment preventing me from safely engaging in active or passive exercise or that will be detrimental to my health, safety, or physical condition if I do so engage or participate. I am making this representation knowing that the Club is relying upon the same in permitting me to participate in the Club Programs and Activities.

I have read and understood and agree to and accept the terms and conditions above.

\_\_\_\_\_  
(signature)

\_\_\_\_\_  
(print name)

\_\_\_\_\_  
(date)