

Veterans Retreat
The American Legion, Department of Alabama
Release and Waiver of Liability
And Indemnity Agreement

In consideration for being permitted to utilize the YMCA, Inc. facilities, services and programs of The American Legion Department of Alabama, Inc., the undersigned, on behalf of himself or herself and his or her heirs, personal representatives and next-of-kin, does hereby agree to the following:

1. THE UNDERSIGNED HEREBY RELEASES, WAIVES, DISCHARGES AND COVENANTS NOT TO SUE The American Legion, its successors and assigns, and its directors, officers, employees, and agents(collectively, the Releasees) from any and all claims, demands, damages, actions, causes of actions, or suits of whatever kind of nature arising or resulting from any loss or damage to property or injury or death to person, whether caused by the negligence of Releasees or otherwise, while he or she is in, upon, or about the premises of the YMCA or using any of its facilities or using any of its facilities, services or equipment, or participating in any program or activity offered by or affiliated with The American Legion.
2. THE UNDERSIGNED HERBY AGREES TO INDEMNIFY AND HOLD HARMLESS the Releasees and each of them from any loss, liability, damage, or cost they may incur, heather caused by the negligence of the Releasees or otherwise, due to his or her presence in, upon, or about the premises of the YMCA or use of its facilities services or equipment, or participation in any program or activity offered by or affiliated with The American Legion.
3. THE UNDERSIGNED HERBY EXPRESSLY ASSUMES FULL RESPONSIBILITY FOR AND RICK OF BODILY INJURY, DEATH OR PROPERTY DAMAGE, whether caused by the negligence of Releasees or otherwise, while he or she is in, upon, or about the premises of the YMCA or using any of its facilities, services or equipment, or participating in any program or activity offered by or affiliated with The American Legion.

In the event of injury, the undersigned herby authorizes the Releasees to provide or cause to provide such medical Care and treatment to him or her as may be necessary and appropriate. The undersigned understands that he or she is solely responsible for all costs incurred for such medical care or treatment.

The undersigned herby gives his or her permission to The American Legion to use indefinitely, without limitation or obligation, photographs, film footage, or tape recordings which may include the image or voice of the undersigned for the purpose of promoting or interpreting The American Legion programs and activities.

I HAVE READ AND VOLUNTARILY SIGN THIS FORM AND AGREE TO ITS TERMS.

Signature of Participant

Date

Guardian of Veteran

I, as guardian of the above named Veteran, hereby give my permission for my veteran to participate in any program or activity offered by or associated with The American Legion Veteran's Retreat and further agree, individually and on behalf of said veteran, to be bound by all of the terms set forth above.

Signature of Guardian

Date