## **LIABILITY WAIVER**

Partici	pant's Name:			
Emerge	ency Contact's Name:			
Relatio	nship to Participant:			
Emerge	ency Contact Phone No.:			
Alterna	ate Phone No.:			
Please	initial after reading each statement.			
1.	Voluntary Participation. I have voluntarily clin the activity offered by Ernie Lukesch.	nosen and requeste	ed (my minor child) t	to participate
2.	<b>Assumption of Risk.</b> Training with Ernie Lukesch carries certain risks that can result in injury, both minor and major. I voluntarily assume and accept all risks and potential hazards involved in the activities. I understand that I am strongly advised to obtain comprehensive medical advice and insurance prior to engaging in this activity.			
3.	Release. In consideration afforded me (or my minor child), I am waiving the right to file any claim or lawsuit against Ernie Lukesch for any injury or damage resulting from my (or my minor child's) participation in this activity, including, but not limited to, any claim for injury, loss of or damage to equipment, lack of supervision or act of omission.			
4.	Knowing and Voluntary Execution. I have carefully read this Liability Waiver and fully understand its contents. I am aware that this agreement is a release of liability and a promise not to sue Ernie Lukesch, and I am signing this agreement of my own free will.			
5.	Integrated Agreement. This Liability Waiver supersedes and replaces any previous agreement between the parties concerning this activity, whether written or oral.			
————Partici	pant's Signature		 Date	
Parent,	/Guardian Signature if Participant Under 18			