**INDIVIDUAL RELEASE OF LIABILITY**

**Lawrence Community Center**

I will be participating in the following activity taking place at the Lawrence Community Center (“LCC”) at 295 Eggerts Crossing Rd, Lawrence Township, NJ., that is being sponsored, undertaken and directed by the group, organization or individual (“Sponsor”) listed below:

**Activity**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Sponsor**: **Name**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Address**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Municipality**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **State**: \_\_\_\_\_ **Zip**: \_\_\_\_\_\_\_\_\_

I recognize that there are certain inherent risks associated with the Activity. In exchange for participation in the Activity, with the full understanding that it is taking place on the property and facilities of the LCC, which is managed by HomeFront, Inc. (“HomeFront”), I agree to the following:

1. I agree to observe and obey all posted rules and warnings on the property and facilities and

further agree to follow any oral instructions or directions given by the LCC and HomeFront

or the employees, representatives or agents of the LCC and of HomeFront; and

2. I agree to pay for any and all damages to the property and facilities of the LCC caused by

my negligent, reckless or willful actions; and

3. On behalf of myself, as well as my heirs, executors, administrators and assigns, I hereby forever release, discharge, waive and agree to indemnify and hold harmless the LCC and

HomeFront, along with their respective officers, directors, agents, employees, contractors,

successors and assigns from and against any and all claims, demands, actions, causes of

action, obligations, liabilities, suits, losses, damages, costs, expenses, and fees, including,

without limitation, court costs and attorneys’ fees, for personal injury or death and/or loss of

property, whether anticipated or unanticipated, directly or indirectly arising out of or

connected in any way with my participation in the Activity.

I have read this document and understand it.

**SIGNED**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**DATE**:\_\_\_\_\_\_\_\_\_\_\_\_\_

**PRINTED NAME**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**ADDRESS:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Municipality**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**State:** \_\_\_\_ **Zip:** \_\_\_\_\_\_\_\_\_\_\_