

involved municipalities or other organizations and the boards, trustees, officers, employees of any of them, from any and all claims or liabilities of any kind arising out of my participation in B Fit 4 Life, even though that liability may arise out of negligence, recklessness, or carelessness on the part of the persons or entities named in this waiver. I further agree that, if in breach of this agreement, I institute any proceeding; I am responsible for all costs and attorneys' fees of any person or entity against whom I institute such proceedings.

I also grant permission to Lake County YMCA, Lake Metroparks, Lake Health, and Lake County General Health District, and all other sponsors of B Fit 4 Life to use any photographs, motion pictures, recordings or any other record of my participation for legitimate purposes.

HAVING READ AND UNDERSTOOD THIS WAIVER AND RELEASE, I VOLUNTARILY AND KNOWINGLY SIGN IT.

PRINTED NAME: _____

SIGNATURE: _____

DATE: _____