

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 Hospital System 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: _____