

GENERAL RELEASE AND WAIVER OF LIABILITY

I _____, the "Participant"), and if such Participant is under 18 years of age, then also the parent or legal guardian of such individual (together with the Participant, the "Undersigned"), sign this release and waiver of liability (this "Release and Waiver") in consideration of participating in Squash Programs at the Potomac Squash Club (the "Squash Program(s)").

The Undersigned hereby release(s) and discharge(s) the Potomac Squash Club ("Potomac Squash") and its members and affiliate identities, assignees and their respective successors, officers, directors, agents, representatives, employees, sub-contractors, sponsors, shareholders, partners, members and affiliates (collectively, the "Released Persons") from all present and future liabilities, debts, obligations, costs, expenses, damages, losses, charges, judgments, executions, liens, claims, demands, actions or causes of action of whatever nature or description, in equity or at law, which the Undersigned or his/her child or ward, family, estate, heirs, representatives, executors, administrators, successors or assigns (collectively, "Related Parties") may have, whether known or unknown, suspected or unsuspected, asserted or not asserted, arising out of participation by the Undersigned or his/her child or ward in the Squash Program(s).

The Undersigned understands, acknowledges and accepts that this Release and Waiver is intended to be binding on the Undersigned and the Undersigned's Related Parties. The Undersigned further understands, acknowledges and accepts that participation in the Squash Program(s) involves certain inherent risks, including, but not limited to, property damage and serious bodily injury (including death), and agrees that the Undersigned or his/her child or ward is voluntarily participating in the Squash Program(s) with full knowledge of the risks involved and accepts all risks of participation and has been cleared by his/her doctor. The Undersigned declares that the Participant is physically fit and has the requisite skill level to participate in the Squash Program(s).

The Undersigned authorizes Potomac Squash and/or a party designated by Potomac Squash to provide medical treatment to the Participant, at the Undersigned's cost, should the need arise. This treatment would be at the Undersigned's cost. The undersigned understands, acknowledges and accepts that he/she must provide their own medical insurance for the participant.

The Undersigned further grants the Released Persons the right, but does not otherwise impose the obligation, to photograph, videotape and/or otherwise use the Participant's name, face, likeness, voice and appearance in connection with exhibitions, publicity, advertising and promotional materials, free of charge without reservation or limitation.

The Undersigned understands, acknowledges and accepts that this Release and Waiver of Liability is intended to be as broad and inclusive as permitted by the laws of the State of Maryland and agrees that if any portion of this Release and Waiver of Liability is invalid, the remainder will continue in full legal force and effect. The Undersigned further agrees that any legal proceedings related to this Release and Waiver of Liability shall take place in the State of Maryland.

Date: MM/DD/YYYY

Participant's Name: _____

DOB: MM/DD/YYYY

Participant's Signature: _____

Street Address: _____

NOTE: If applicant is under 18 years of age, his/her parent or legal guardian must sign:

Date: MM/DD/YYYY

Parent/Guardian's Name: _____

Parent's Cellphone: _____ Parent/Guardian's Signature: _____