

Waiver Form Assignment



The Hub  
Your Name, Office Specialist  
600 Hub Street  
Austin, TX 73301  
Phone: 1-888-555-TEEN (8336)  
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- Skills:**
- Change case
  - Format font sizes
  - Format font styles
  - Use text boxes
  - Use the Find feature

Address Block: 9 pt, Bold

14 pt, Center

Waiver and Release of Liability, Assumption of Risk, Indemnity, and Parental Consent Agreement for The Hub

10 pt

In consideration of being allowed to participate in any event or activity at The Hub, I, the undersigned, acknowledge and agree that by participating in any activity, event, workshop, contest, rehearsal, or performance, there is a possibility of physical injury. I voluntarily agree, therefore, to assume all risks and responsibility for any such injury or accident which might occur to me or my child(ren) during any of The Hub's activities. I also exempt, release, and indemnify The Hub, its owners, agents, volunteers, assistants, employees, guest performers, and/or members and patrons from any and all liability claims, demands, or causes of action whatsoever and from any damage, loss, injury, or death to me, my child(ren), or property which may arise out of or in connection with participation in any activities or events conducted at The Hub. I further hereby voluntarily agree to waive my rights and assign to hold The Hub, its owners, agents, volunteers, assistants, employees, guest performers, members and/or patrons liable for such damage, loss, or injury. I understand that I should be aware of my physical limitations and agree not to exceed them. If I am signing this waiver for my child(ren), I certify that I am the parent or legal guardian and have the right to waive these rights.

*I have read this release of liability and assumption of risk agreement, fully understand the terms, understand that I have given up substantial rights by signing it, and sign it freely and voluntarily without any inducement.*

11 pt, italics

Signature Date \_\_\_\_\_

(If participant is under the age of 18, parent/legal guardian signature

Parent/Legal Guardian Signature \_\_\_\_\_

Customer or Member (please circle to indicate one-time visit or new membership)

Printed Name of Customer/Member \_\_\_\_\_

Address, City, State, and Zip \_\_\_\_\_

Home Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Email Address \_\_\_\_\_

Emergency Contact Name \_\_\_\_\_

Contact's Relation \_\_\_\_\_

Contact's Phone Number \_\_\_\_\_

11 pt

9pt, double space  
**SEE MORE INSTRUCTIONS ON  
BACK SIDE!!!!**

FOR OFFICE USE ONLY  
Database Y/N  
Date Entered:  
Entered by:

1. Change the Document Heading to ALL CAPS
2. Change the waiver text to ALL CAPS
3. Find all occurrence of the phrase "The Hub" and change to bold
4. Final document should fit on one page