



Liability Release and Agreement for the Gymnasium and Exercise Area

Seminararian Name (*please print*): _____

By signing below, and intending to be legally bound, I agree as follows:

1. I agree to comply with all rules that St. Tikhon's posts relating to the use of the gymnasium and exercise area, including rules limiting access to these facilities to persons authorized by St. Tikhon's.
2. I understand that participating in activities in St. Tikhon's gymnasium and exercise area involves inherent risks, and that these risks include the possible loss, theft, or damage to my personal property, as well as the possibility that I might suffer a serious injury, an illness, or even death. I understand that these risks cannot be entirely eliminated, regardless of the care that may be taken to avoid or prevent them.
3. In exchange for being allowed to use St. Tikhon's gymnasium and exercise area, **I hereby freely and voluntarily release St. Tikhon's and its employees, trustees, and representatives, from all liability for any property loss, theft, or damage, or any physical illness or injury (including death), that arises from my use of St. Tikhon's gymnasium or exercise area.**
4. In exchange for being allowed to use St. Tikhon's gymnasium and exercise area, I also agree to indemnify St. Tikhon's from all loss or damage to the gymnasium or exercise area, to the extent that I cause the loss or damage by my intentional or reckless conduct.
5. I hereby consent to receive medical treatment in the event that I'm injured or otherwise require medical attention while participating in an activity in St. Tikhon's gymnasium. St. Tikhon's may rely upon this advance consent if for any reason I am unable to provide a verbal consent at the time of my medical emergency. I understand that I will be solely responsible for all costs related to such medical treatment, including transportation.
6. I agree that if any portion of this Liability Release and Agreement is held unenforceable, the remaining portions shall remain in full force and effect.

Seminararian Signature: _____

Date Signed: _____

