



ERM-WHITING, LLC d.b.a.
WhoaZone at Whihala Beach

RELEASE OF LIABILITY

In consideration of being allowed to use the facilities and participate in the Sports Park and other activities provided by ERM-WHITING, LLC, d.b.a. WhoaZone at Whihala Beach ("WHOAZONE"), the Participant and/or the Participant's parent or legal guardian if the Participant is a minor, do hereby agree as follows:

I, the undersigned Participant, am using WHOAZONE equipment and participating in WHOAZONE activities, including, but not limited to, the Wibit Sports Park, Stand Up Paddleboards, Kayaks, Pedal Boats, and other activities (collectively, the "Activities"), at my own risk. **I understand and acknowledge that there are inherent risks involved with the Activities, including, but not limited to, bruises, scrapes, lacerations, burns, sprains, fractured or broken bones, as well as other head/brain, face, neck, back/spine injuries, up to and including drowning and death. I am also aware that using or participating in the Activities requires physical exertion and such exertion on the body may reinjure or aggravate pre-existing physical injuries, conditions, or congenital defects. I voluntarily assume these risks by signing below and participating in the Activities.**

IN CONSIDERATION OF THE FEE PAID BY ME, AND IN FULL RECOGNITION OF THE INHERENT RISKS INVOLVED WITH THE ACTIVITIES, WHICH RISKS I VOLUNTARILY ASSUME, I HEREBY INDEMNIFY, HOLD HARMLESS AND RELEASE WHOAZONE, ITS MEMBERS, AGENTS, EMPLOYEES, OFFICERS, DIRECTORS, OWNERS AND/OR OPERATORS (COLLECTIVELY, "WHOAZONE STAFF"), FROM ALL INJURIES, DAMAGES, CLAIMS, DEMANDS, AND/OR CAUSES OF ACTION (COLLECTIVELY, "CLAIMS"), FOR ANY LOSS, DAMAGE, OR INJURY, INCLUDING DROWNING AND DEATH, WHETHER SUSTAINED BY MYSELF, A MEMBER OF MY FAMILY OR MY PROPERTY HOWEVER CAUSED, INCLUDING, BUT NOT LIMITED TO, FAULT OR NEGLIGENCE (EXCEPT GROSS NEGLIGENCE, WILLFUL/WANTON OR INTENTIONAL CONDUCT, OR ILLEGAL ACTS) BY WHOAZONE AND/OR WHOAZONE STAFF IN CONNECTION, DIRECTLY OR INDIRECTLY, WITH THE ACTIVITIES. THIS RELEASE SHALL BE BINDING UPON ME, MY HEIRS, EXECUTORS, ADMINISTRATORS, AND/OR ASSIGNS.

I further agree that I am personally liable and responsible for paying WHOAZONE for any and all damage to WHOAZONE property that I may cause, whether caused negligently, recklessly or intentionally, while using or participating in the Activities, including, but not limited to, damage to any WHOAZONE equipment or other WHOAZONE property, any loss of

WHOAZONE equipment or loss of use of equipment, any claims for diminution in value of any WHOAZONE equipment, and/or the cost of repair or replacing any WHOAZONE equipment. I authorize WHOAZONE, at WHOAZONE'S discretion, to bill any such charges or costs directly to my credit card or to my account without further notice to me.

I understand and acknowledge that WHOAZONE and the Activities are self-guided, and that I am required to attend a mandatory safety rules briefing prior to using or participating in any of the Activities. I understand that WHOAZONE Staff are available to answer any questions I may have regarding WHOAZONE equipment and/or proper use of such equipment.

I further understand and acknowledge that I am required to wear a Coast Guard approved lifejacket at all times while using or participating in the Activities. If I am unwilling or unable to follow the safety rules or wear a lifejacket while using or participating in the Activities, I understand and acknowledge that WHOAZONE, at WHOAZONE'S discretion, may immediately restrict my use of or participation in the Activities and/or require me to leave the WHOAZONE premises. I acknowledge that once I have completed the safety rules briefing, no refunds will be made for WHOAZONE or the Activities.

This Release shall be governed by the laws of the State of Indiana. I agree that any Claims I may bring against WHOAZONE shall be submitted to the jurisdiction of the courts of Lake County, Indiana and that no Claims against WHOAZONE shall be brought in any other jurisdiction. I also agree that if any part of this Release is deemed unenforceable, all remaining parts shall remain in full force and effect. I agree that WHOAZONE has made no warranties, expressed or implied, to me beyond those, if any, contained in this Release.

I, THE UNDERSIGNED PARTICIPANT, HAVE READ AND UNDERSTAND THIS RELEASE OF LIABILITY. I UNDERSTAND THAT BY SIGNING THIS RELEASE AND USING OR PARTICIPATING IN THE ACTIVITIES THAT I HAVE WAIVED AND SURRENDERED CERTAIN LEGAL RIGHTS. I HAVE SIGNED THIS AGREEMENT VOLUNTARILY.

Signature of Participant: _____ Date: _____

Printed Name of Participant: _____

IF PARTICIPANT IS A MINOR (Under 18): Parent or Guardian must **ALSO** sign.

Parent/Guardian Signature: _____ Date: _____

Participant Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ Email: _____