



Release of Liability, Promise Not To Sue, Assumption of Risk and
Agreement to Pay Claims

This waiver is not applicable to human subjects participating in research

Activity

Participants Name

Activity Date and Time

Activity Location

In consideration for being allowed to participate in this Activity, on behalf of myself as next of kin, heirs and representatives, **I release from all liability and promise not to sue:**

Company

and their employees, officers, directors, volunteers, and agents (collectively "Company") from any and all claims, **including claims of the Company's negligence**, resulting in any physical or psychological injury (including paralysis and death), illness, damages, or economic or emotional loss I may suffer because of my participation in this Activity, including travel to, from, and during the Activity.

I am voluntarily participating in the Activity. I am aware of the risks associated with traveling to/from and participating in this Activity, which include but are not limited to physical or psychological injury, pain, suffering, illness, disfigurement, temporary or permanent disability (including paralysis), economic or emotional loss, and/or death. I understand that these injuries or outcomes may arise from my own or other's actions, inaction, or negligence; conditions related to travel; or the condition of the Activity location(s). **Nonetheless, I assume all related risks, both known or unknown to me, of my participation in this Activity, including travel to, from, and during the Activity.**

I agree to **hold** the Company **harmless** from any and all claims, including attorney's fees or damage to my personal property that may occur as a result of my participation in this Activity, including travel to, from and during the Activity. If the Company incurs any of these types of expenses, I agree to reimburse the Company. If I need medical treatment, I agree to be financially responsible for any costs incurred as a result of such treatment. I am aware and understand that I should carry my own health insurance. I am 18 years or older. **I understand the legal consequences of signing this document, including (a) releasing the Company from all liability, (b) promising not to sue the Company, (c) and assuming all risks of participating in this Activity, including travel to, from, and during the Activity.**

I understand that this document is written to be as broad and inclusive as legally permitted by the Company. I agree that if any portion is held invalid or unenforceable, I will continue to be bound by the remaining terms.

I have read this document, and I am signing it freely. **No other representatives concerning the legal effect of this document have been made to me.**

Participant Signature

Participant Name (print)

Date

If Participant is under 18 years of age:

I am the parent or legal guardian of the Participant. **I understand the legal consequences of signing this document, including (a) releasing the Company from all liability on my and the Participant's behalf, (b) promising not to sue on my and the Participant's behalf, (c) and assuming all risks of the Participant's participation in this Activity, including travel to, from, and during the Activity.** I allow Participant to participate in this Activity. I understand that I am responsible for the obligations and acts of Participant as described in this document. I agree to be bound by the terms of this document.

I have read this 2-page document and I am signing it freely. **No other representations concerning the legal effect of this document have been made to me.**

**Signature of Minor Participant's
Parent/Guardian**

Minor Participant's Name

**Name of Minor Participant's
Parent/Guardian (print)**

Parent/Guardian Phone #

Parent/Guardian Address

**Second Parent/Guardian Name
and Phone #**

Date