General Release Of Liability Form

I,	at
HEREBY ASSUME ALL OF THE RISKS OF P being conducted by	
including by way of example and not limitation, carelessness on the part of the persons or entities equipment or property owned, maintained, or co liability without fault.	s being released, from dangerous or defective
I CERTIFY that I am physically fit, have sufficient activity, and have not been advised to not particil CERTIFY that there are no health-related reason in this activity.	pate by a qualified medical professional. I
I acknowledge that this Accident Waiver and Reholders, sponsors, and organizers of the activity govern my actions and responsibilities at said ac	
In consideration of my application and permittin action for myself, my executors, administrators, follows:	
(1) I WAIVE, RELEASE, AND DISCHARGE flimited to, liability arising from the negligence of death, disability, personal injury, property damagemay hereafter occur to me including my traveling ENTITIES OR PERSONS:	or fault of the entities or persons released, for my ge, property theft, or actions of any kind which
and/or their directors, officers, employees, volur activity holders, sponsors, and volunteers;	nteers, representatives, and agents, and the
(2) INDEMNIFY, HOLD HARMLESS, AND Promentioned in this paragraph from any and all lial in this activity, whether caused by the negligence I acknowledge that	bilities or claims made as a result of participation
and their directors, officers, volunteers, representerrors, omissions, acts, or failures to act of any p	· · · · · ·

their behalf.

I acknowledge that this activity may involve a test of a person's physical and mental limits and carries with it the potential for death, serious injury, and property loss. The risks include, but are not limited to, those caused by terrain, facilities, temperature, weather, condition of participants, equipment, vehicular traffic, lack of hydration, and actions of other people, including, but not limited to, participants, volunteers, monitors, and/or producers of the activity. These risks are not only inherent to participants, but are also present for volunteers.

I hereby consent to receive medical treatment which may be deemed advisable in the event of injury, accident, and/or illness during this activity.

I understand while participating in this activity, I may be photographed. I agree to allow my photo, video, or film likeness to be used for any legitimate purpose by the activity holders, producers, sponsors, organizers, and assigns.

The Accident Waiver and Release of Liability Form shall be construed broadly to provide a release and waiver to the maximum extent permissible under applicable law.

I CERTIFY THAT I HAVE READ THIS DOCUMENT AND I FULLY UNDERSTAND ITS CONTENT. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT AND I SIGN IT OF MY OWN FREE WILL.

	SIGNATURES	
Releasor's Name & Signature	_	
Parent/Guardian Name and Signature	_	
(If under 18 years old, Parent or Guard	ian must also sign.)	
Signature	_ Date: Releasee's Name/Stamp and	