**COMPANY**Company Address  
City, State Zip Code

**RELEASE AND WAIVER OF LIABILITY FORM**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name – Participant | | Telephone Number | | |
| Address | City | State | Zip Code |

I represent that I am 18 years of age or older and legally capable of entering into this agreement. I further agree to cooperate and conform with the directions, policies, rules and instruction of [COMPANY’S] personnel responsible for the [PROGRAM].

I am not aware of any medical condition which would render it inappropriate for me to participate in the above described [PROGRAM], and I assume the risk of any unknown medical condition I may have that might be affected by the [PROGRAM].

I hereby give permission to the physician, health care provider selected by [COMPANY’S] personnel present to render medical treatment deemed necessary and appropriate by the physician or health care provider.

As consideration for me being permitted to participate in the above referenced [PROGRAM], I agree to forever release, discharge and hold harmless from any legal and/or other liability and agree not to sue [COMPANY] its employees, agents, representatives, members, shareholders, officers, directors, coordinators, staff, parents, volunteers, assigns, heirs, next of kin, and/or estates (hereafter collectively “[COMPANY]”) arising out of any liability, costs, fees, damages, judgments, injuries, physical or psychological, death, or personal or real property damage resulting from my participation in the above referenced [PROGRAM] whether or not such liability, costs, fees, damages, injury, or death was caused by the negligence, active or passive, or default of [COMPANY].

I understand that my participation in the above described [PROGRAM] involves risks of injury, including, but not limited to, falls, loss of control, collisions, accidents, and physical and/or psychological injuries and I agree to assume all risks and all liabilities connected with the above-described [PROGRAM].

I hereby agree to indemnify [COMPANY] from any and all liability, loss, costs, claims, fees, judgments or damage [COMPANY] may suffer arising out of or related to, or on behalf, or because, of my actions or inactions, or by a third party, or as a result of, the negligence or default of [COMPANY].

I understand and agree that this Release and Waiver of Liability form relates to and binds the undersigned, including my family, heirs, assigns, agents, legal representatives, administrators, trustees, estates and any other interested person(s) or entity.

I have read the Release and Waiver of Liability form and fully understand its terms, and understand that I have given up substantial rights by signing it and have signed it freely and voluntarily. And I intend my signature to be a complete and unconditional release of all liability to the greatest extent allowed by law.

|  |  |  |
| --- | --- | --- |
| Signature – Participant |  | Date |