WAIVER, RELEASE OF LIABILITY, AND INDEMNITY AGREEMENT

Location: _____ Date: _____

Participant Information:

Full Name: _____

Government ID / Driver License No.: _____

Address: _____

Phone/Email: _____

Event/Activity Information:

Description of Activity: _____

Location of Activity: _____

Duration / Time Frame: _____

Waiver and Release of Liability:

I, the undersigned Participant, hereby acknowledge and agree that my participation in the above-described activity involves inherent risks, including but not limited to physical injury, property damage, or death. I voluntarily assume all such risks, known and unknown, whether foreseen or unforeseen. I hereby waive, release, and discharge the Organizer, its owners, officers, employees, agents, volunteers, and affiliates (collectively, the "Released Parties") from any and all liability, claims, demands, actions, or causes of action arising out of or relating to any loss, damage, injury, or death that may be sustained by me or to any property belonging to me while participating in the activity, whether caused by the negligence of the Released Parties or otherwise.

Indemnity Agreement:

I agree to indemnify, defend, and hold harmless the Released Parties from and against any and all claims, demands, losses, liabilities, damages, costs, and expenses (including reasonable attorneys' fees) arising out of or related to my participation in the activity, including but not limited to any claim brought by a third party resulting from my actions or omissions.

Representation of Capability and Understanding:

I represent that I am physically and mentally capable of participating in the activity, and that I have not been advised otherwise by a qualified medical professional. I understand the nature of the activity, and I have had the opportunity to ask questions and receive satisfactory answers.

Emergency Medical Treatment Authorization:

In the event of an emergency, I authorize the Released Parties to obtain medical treatment for me as deemed necessary. I understand that I am responsible for all costs related to such treatment.

Severability:

If any provision of this Agreement is held to be invalid or unenforceable, the remaining provisions shall remain in full force and effect.

Governing Law and Venue:

This Agreement shall be governed by and construed in accordance with the laws of the United States of America and the State of _____. Any disputes arising under this Agreement shall be subject to the exclusive jurisdiction of the state and federal courts located in _____ County, _____.

Acknowledgment:

I have carefully read this Agreement, fully understand its terms, understand that I have given up substantial rights by signing it, and sign it freely and voluntarily without any inducement.

PARTICIPANT'S SIGNATURE	**WITNESS'S SIGNATURE**
Printed Name: _____	Printed Name: _____
Date: _____	Date: _____
Signature: _____	Signature: _____