



Amateur Athletic
Waiver and Release of Liability

In consideration of being allowed to participate in any way in the Hoodoo Adventure Company athletic sports program, related events and activities, the undersigned acknowledges, appreciates and agrees that:

- 1. The risk of injury from the activities involved in this program is significant, including the potential for permanent paralysis and death, and while particular rules, equipment and personal discipline may reduce this risk, the risk of serious injury does exist; and,
2. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume full responsibility for my participation; and,
3. I willingly agree to comply with the stated and customary terms and conditions for participation. If however I observe any unusual significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the nearest official immediately; and,
4. I for myself and on the behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE AND HOLD HARMLESS Hoodoo Adventure Company, their officers, officials, agents and/or employees, other participants, sponsoring agencies, sponsors, advertisers, and, if applicable, owners and lessors of premises used to conduct the event ("Releasees"), WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person or property, WHETHER CAUSED BY NEGLIGENCE OF THE RELEASEES OR OTHERWISE.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHT BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

X
Participants Signature

Print Name

X
Witness

Print Name

Date Signed:

Medical Information

Do you have any Medical Conditions we should be aware of (i.e. asthma, allergies to bees, foods or medications, diabetes, blood pressure, heart conditions, injuries, etc.):

Do you carry personal medication with you for the above, will you be taking these during this event? If so, please provide relevant information:

When was the last time that you used this medication?:

Contact Lenses?: May we use photos of you for marketing purposes?:

Emergency Contact:

Name:

Relationship:

Phone:

Mobile: