

FORT BARACHEL FOUNDATION

Participant Waiver of Release of Liability and Assumption of Risk Agreement for

Ride/Climbing/Skate Park and Event/Serve Ops.

Please, Print Clearly & Read Before Signing

Participant Name: _____ Age _____

Address _____ City _____

State _____ Zip _____ Email _____

Required: 2 - Emergency Name (s) & Phone Number (s)

Name: _____ Phone # _____

Name: _____ Phone # _____

1. ___ I acknowledge that extreme sports are dangerous and contain an element of risk. I agree that I am solely responsible for any pain or bodily harm that I may receive, while participating in activities of events including but not limited to: catastrophic injury, disability, paralysis and even the possibility of death.

2. ___ I, my parent and of guardian, willingly and knowingly, agree to assume all responsibility for the above named Participant. I (we) agree to comply with all terms, conditions and safety regulations set forth by Fort Barachel Foundation. If I (we) observe any unusual significant hazard during my presence or participation, I (we) will bring such to the attention of the nearest official immediately.

3. ___ I for myself and on behalf of my Heirs, assign personal representatives and next of kin, HEAREBY RELEASE INDEMNIFY AND HOLD HARMLESS THE FORT BARACHEL FOUNDATION. I also agree that I will not hold the Ride/Climb Park, the Leaders and Helpers, Fake Productions or Tim Fake, responsible for any damage, pain, bodily harm or even death, I or participant may receive while participation on the park ramps/ rock wall/ events (local travel). WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE, to the fullest extent permitted by law.

4. ___ I also authorize the use of my child's/or my own visuals in photos and or videos that may be used from time to time, in newsletters, poster, website and advertising.

5. ___ In case of emergency, I (we) give permission for First Responders to perform their duties and transport for emergency care.

I HAVE READ THIS PARTICIPANT WAIVER OF RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT AND I FULLY UNDERSTAND IT'S TERMS. I UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY .

Participant's Signature _____ Signing Date _____ 2021

For Parents/Guardians of Participant of Minor Age (Under Age 18 @ time of registration)

This is to certify that I, as parent/guardian with legal responsibility for this participant, do consent and agree to his/her release and agree above of ALL RELEASEES and for myself, my heirs, assign and next of kin, I release and agree to indemnify and hold harmless the Releasees from any and all liability incidents to my minor child's involvement or participation in these programs as provided above, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES, to the fullest extent permitted by law.

Parent/Guardian Signature _____ Date _____ 2021

License Number _____ (For First Responders and Medical Staff Identification)

This agreement will be for the year 2021 Only