

THE MONSTER!

ACTIVITY WAIVER

PLEASE READ THOROUGHLY

I acknowledge that this is an athletic event and carries with it the potential for death, disability, personal injury, property damage or property theft. The risks include, but are not limited to: death, disability, personal injury, property damage or property theft caused by the actions of other people including, but not limited to, participants, volunteers, spectators, event officials, event monitors and/or producers of the event; lack of hydration, and/or other health risks, including any and all pre-existing medical conditions, which may be precipitated by my participation in this event. I hereby agree to assume all of the risks of participating in this event.

I hereby confirm that I am in good physical condition and do not suffer from any disabilities or physical conditions that place me or others at risk or otherwise should prohibit mine or their participation in this event.

I acknowledge that this Accident Waiver and Release of Liability (AWRL) form will be used by REBOND HOLDINGS LTD, The Feldman Agency, the City of Prince George, and the sponsors of the event in which I may participate, and it will govern my actions and responsibilities at said event.

In consideration of my application and for permitting me to participate in this event, I hereby take action for myself, my executors, administrators, heirs, next of kin, successors, and assigns as follows: (A) waive, release, and discharge from any and all liability for my death, disability, personal injury, property damage, property theft or actions of any kind which may hereafter accrue to me, REBOND HOLDINGS LTD, The Feldman Agency, the City of Prince George, and their directors, officers, employees, volunteers, representatives and agents, the event sponsors and event volunteers, (B) indemnify and hold harmless all entities or persons mentioned in part (A) of this paragraph from any and all liabilities or claims whatsoever made by other individuals or entities as a result of my actions during this event.

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

I understand that at this event or related activities I may be photographed. I agree to allow my photo, video, or film likeness to be used for any legitimate purpose by the event holders, producers, sponsors, organizers, and/or assigns.

This AWRL shall be construed broadly to provide a release and waiver to the maximum extent permissible under applicable law.

I hereby certify that I have read this document and I understand its content.

I recognize that by signing this document, I am waiving certain legal rights, including the right to sue.

Name (Print)	Address	Signature	Date

For Participants of Minority Age

PRINT NAME OF MINOR IN FULL: _____

This is to certify that I/we as parent(s)/guardian(s) with legal responsibility for this participant, do consent and agree not only to his/her release, but also for myself/ourselves, and my/our heirs, assigns and next of kin to the Release of Liability, Waiver of Claims and Assumptions of Risks Agreement, as stated above, regarding my/our child's participation.

PARENT/GUARDIAN'S SIGNATURE: _____

PARENT/GUARDIAN'S SIGNATURE: _____

RELATIONSHIP TO PARTICIPANT: _____

DATE: