

CHIQUES ROCK OUTFITTERS
Columbia River Park-Walnut Street
Columbia, PA 17512

Release of Liability-----PLEASE READ BEFORE SIGNING

In consideration of being allowed to participate in this Chiques Rock Outfitters program, it's activities and related events,

I _____ (Print Name)

I THE UNDERSIGNED, ACKNOWLEDGE, APPRECIATE, AND AGREE THAT:

- 1) The risks of injury from the activities involved in these programs is significant, including the potential for permanent paralysis and death, and while the particular skills, equipment, and personal discipline may reduce the 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 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 Chiques Rock Outfitters **IMMEDIATELY**, and;
- 4) I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, **HEREBY RELEASE, INDEMNIFY, AND HOLD HARMLESS**, Chiques Rock Outfitters, it's owners and/or employees, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessors of the premises used for the activities ("Releases"), **WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH**, or loss or damage to person or property associated with my presence or participation, **WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE**, to the fullest extent permitted by law; and
- 5) I authorize Releasees to provide or obtain for me such medical attention that is warranted and considered necessary and appropriate, and **I AGREE TO PAY ALL COSTS ASSOCIATED WITH SUCH CARE AND MEDICAL TRANSPORTATION AS REQUIRED**; and
- 6) I hereby give permission for my photo to be taken during activities with Chiques Rock Outfitters and to have photographs to be used in Commercial and non-commercial activities.

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

Participant Signature

Print Name

Age

Date Signed

Address

City, State

Zip Code

FOR PARENTS/GUARDIANS OF PARTICIPANTS OF MINOR AGE UNDER 18 AT TIME OF REGISTRATION

This is to certify that I, as parent or guardian with legal responsibility for this participant, do consent and agree to his/her release as provided above of all Releasees, and for myself, my child, and our heirs, assigns and next of kin, **I RELEASE AND AGREE TO INDEMNIFY AND HOLD HARMLESS THE RELEASEES FROM ANY AND ALL LIABILITIES** incident to my minor child's involvement or participation in these program as provided above, **EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES**, to the fullest extent permitted by law.

PARENT/GUARDIAN'S SIGNATURE

PRINT CHILD'S NAME

DATE