RELEASE OF LIABILITY

Date:
State:
County:
Releasee:
Name:
Address:
E-mail/Phone
Releasor:
Name:
Representative name:
Address:
E-mail/Phone
Title of the Activity/Event:
Date/Time:
SUBJECT OF THE RELEASE OF LIABILITY:
☐ While participating in the above activity or event☐ During
I, the undersigned Releasor, acknowledge and agree to the following:
ACCEPTANCE OF RISKS:
I realize that [specify the details of the activity, event or other] involves certain risks and dangers.
I voluntarily undertake all risks associated with the:
, including but not limited to:
☐ Personal injury
☐ Property damages
☐ Financial losses
Other

INDEMNIFICATION:

I hereby release, discharge and hold harmless the Releasee, its officers, employees, agents and representatives from any claim, liability, demand, action or cause of action arising out of or related to any loss, damage or injury I may incur during or as a result of my:
□ Participation in the above activity/event□ Other
☐ COMPLIANCE WITH THE RULES:
I agree to comply with all rules, regulations and instructions provided by the Releasee related to the:
LIABILITY FOR DAMAGES:
I acknowledge and agree that I am responsible for any damage to property or equipment of the Releasee caused by my intentional or negligent actions during the, and I agree to refund the full price of any repairs or
replacement.
☐ INSURANCE:
I acknowledge that the Releasee does not provide insurance coverage for Releasors and I am solely responsible for securing my own insurance coverage should I choose to do so.
☐ EMERGENCY MEDICAL TREATMENT:
In case of an emergency, I give the Releasee full authority to provide and arrange for any necessary medical treatment.
TERM AND TERMINATION:
This Release is valid from the Effective Date and shall terminate:
☐ Immediately after completion of the activity/event, but not later than☐ On☐ Other
GOVERNING LAW: This Release of Liability will be governed by and construed in accordance with the laws of State, except for its conflicts of laws principles. Any disputes arising from or related to this Bill of Sale that cannot be resolved by negotiaions and mutual agreement shall be resolved by courts of the State of
IN WITNESS WHEREOF , I have executed this Release as of the Effective Date, with full knowledge of its content and significance and intending to be legally bound by the terms hereof.
Releasor's Name and Signature: