## JUMPCAMP WAIVER AND RELEASE OF LIABILITY

In consideration of being allowed to participate in ay way to the JUMPCAMP program, related events and activities, the undersigned acknowledges, appreciated 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 professional discipline may reduce this risk of serious injury does exist, and
- 2. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both know and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASES 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 behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE AND HOLD HARMLESS JUMPCAMP, 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 personal property, WHETHER CAUSED BY THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT FULL UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT FREELY AND VOLUNTAIRILY WITHOUT INDUCMENT.

Name	Address
	Postal / Zip Code
Participant's Signature	Date Signed
	ICIPANTS OF MINORITY AGE ge of 18 at the time of registration)
his/her release as provided above all the Re	n with legal responsibility for this participant, do consent and agree to eleasees and, for myself, my heirs, assigns and next of kin. I release and any and all liabilities incident to my minor child's involvement or above.
Name of Participant	Emergency Phone #(s)

Date Signed

Parent's /Guardian's Signature