

WAIVER AND RELEASE AGREEMENT

In regards to my participation in today's PLCTA event, I agree to the following Waiver and Release:

I acknowledge that events has inherent risks, hazards, and dangers for anyone. These cannot be eliminated.

I understand the risks, hazards, and dangers of personal injury. I understand that these activities may require good physical conditioning. I believe I have good physical conditioning necessary for me to engage in these activities safely. I understand that I have responsibilities. My participation in this activity is purely voluntary. No one is forcing me to participate and I elect to participate in spite of the risks. I AM VOLUNTARILY PARTICIPATING WITH FULL KNOWLEDGE OF THE INHERENT RISKS, HAZARDS, AND DANGERS INVOLVED AND HEREBY ASSUME AND ACCEPT ANY AND ALL RISKS OF INJURY, PARALYSIS, DISABILITY, OR DEATH.

Lastly, I, for myself, my heirs, successors, executors, and subrogees, hereby KNOWINGLY AND INTENTIONALLY WAIVE ANY ACTION AGAINST PLCTA AND its directors, officers, agents, employees, and volunteers from and against any and all claims, actions, causes of action, liabilities, suits, expenses (including reasonable attorney's fees) which are related to, arise out of, or are in any way connected with my participation in this activity including, but not limited to, NEGLIGENCE of any kind or nature, whether foreseen or unforeseen, arising directly or indirectly out of any damage, loss, injury, paralysis, disability, or death to me or my property as a result of my engaging in these activities or the use of these services, property or equipment, whether such damage, loss, injury, paralysis, disability or death results. I, for myself, my heirs, my successors, executors, and subrogees, agree not to sue PLCTA as a result of any injury, paralysis, disability or death suffered in connection with my use and participation in the activities of today's event.

I HAVE CAREFULLY READ, CLEARLY UNDERSTAND, AND VOLUNTARILY SIGN THIS WAIVER AND RELEASE AGREEMENT.

_____ Check here to give permission to use any/all photos and names of my family in todays event for PLCTA advertising, newsletters, website.

_____ Check here to deny permission to use any/all photos and names of my family in todaysa event for PLCTA advertising, newsletters, website.

Signature: _____

Date:

Printed Name: _____

Phone:

Address: _____

City, State, Zip: _____
