

Waiver for KanaraK

RECREATIONAL WAIVER. IMPORTANT: THE PARTY BEOW HAS READ THE FOLLOWING TERMS AND CONDITIONS, WHICH CONSTITUTE A LICENSE THAT COVERS THE PARTICIPANTS ACTIVITY AND ANY TRANSACTIONS, THE CONSIDERATIONOF WHICH, AND THE ADEQUACY OF CONSIDERATION THERETO, THAT THE PARTY HEREBY RESTATES AND ACKNOWLEDGES THE FOLLOWING:

- a. *Inherent risks.* The events, transactions, and/or activities contain certain inherent risks; each person who participates in any of the events, transactions and/or activities accepts the dangers that are inherent thereto. Neither KanaraK, nor sponsors, if any, will accept responsibility for injuries received while participating in said events, transactions, and/or activities. Any and all risks are hereby expressly assumed and waived.
- b. *Assumed risk.* Restated, ALL participants acknowledge and hereby KNOWLINGLY ASSUME any and all risks associated with the activities and/or transactions, including, but not limited to high risk activities.
- c. *Release and Indemnification.* Participant agrees to release, defend, hold harmless and indemnify KanaraK and all other sponsors, if any, and their affiliates, agents, servants, employees, assigns, successors and distributors from any and all liability for personal injury, including death, and property damage from any alleged negligence in the operating, maintenance or design of the activities.
- d. *Medical Care.* Participant agrees to assume liability for any and all medical costs incurred as a result of my participation in any event, transaction, or activity, including, but not limited to costs that are not covered by my insurance, such as: medical care and treatment, ambulance services, hospital stays, and physician and pharmaceutical goods and services.
- e. *Media Release.* I do hereby authorize KanaraK and its assigns to utilize any and all photographs, pictures or other likeness of me or anyone assigned guardianship to me, as they deem appropriate in its promotional materials.

ACCEPTED AND AGREED:

Name: _____ Sex: _____ Birthdate: ____/____/____
Address: _____ State: _____ Zip: _____
Phone: _____
Email: _____

PARTICIPANT SIGNATURE: _____

Date: _____

PARENT SIGNATURE: _____

(Parent or guardian if under 18 years of age)

Date: _____