**RELEASE of LIABILITY**

**TO BE READ AND SIGNED BY EACH PERSON BEFORE PARTICIPATING IN ANY ACTIVITY-BASED ACA EVENT**

I have requested that the **<INSERT COMPANY NAME>** to enroll me as a participant or instructor in an activity-based event sponsored by them as part of <**INSERT ACTIVITY> at the <INSERT EVENT NAME>.** As a condition of receiving this benefit, I, the undersigned, do hereby agree to the following:

I understand that my presence at, and participation in, this event can expose me to dangers both from known risk and unanticipated risk. Acknowledging that such risks exists, I, and by signature my heirs, hereby release and discharge the <**COMPANY NAME>.** and its officers, agents, and employees from any and all claims or liability for personal injury or property damage I may suffer while attending this event, including, but not limited to, any claim arising out of any condition of the premises at which the event is held or the conduct of any person in connection with the preparation for, supervision of, or conduct of any activity, whether planned or unplanned, in connection with the event. I specifically agree to release and hereby release <**COMPANY NAME>** and the officers, agents, and employees of them for any negligence of either or the officers, agents, or employees of both. I understand that participation in this activity is strictly voluntary and I freely choose to engage in this activity.

**READ THIS! YOUR LEGAL RIGHTS ARE AFFECTED.**

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| **Your Signature** | **Your PRINTED Name** | **Date** |
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