



Probud club of Blue Mountain

RELEASE OF LIABILITY AGREEMENT, WAIVER OF CLAIMS, ASSUMPTION OF RISKS AND INDEMNITY AGREEMENT

BY SIGNING THIS DOCUMENT YOU WILL WAIVE
CERTAIN LEGAL RIGHTS, INCLUDING THE RIGHT TO SUE
PLEASE READ CAREFULLY!

| | | | |
|------------------|--|------------|-------|
| Name: | Last | First | |
| Address | Street, unit number, city, postal code | | |
| Contact Details: | Home Phone | Cell Phone | Email |

I AM AWARE OF AND UNDERSTAND THE RISKS, DANGERS AND HAZARDS ASSOCIATED WITH ALL PROBUS ACTIVITIES THAT I CHOOSE TO PARTICIPATE IN AND I FREELY ACCEPT AND FULLY ASSUME ALL SUCH RISKS, DANGERS AND HAZARDS AND THE POSSIBILITY OF PERSONAL INJURY OR DEATH RESULTING THEREFROM. I ALSO ACCEPT RESPONSIBILITY FOR ANY PERSONAL OR PROPERTY DAMAGE CAUSED BY MY PARTICIPATING IN THESE ACTIVITIES.

Notwithstanding the acknowledgement of such risks, I hereby release the Probud Blue Mountain club, its executive, group and event leaders, employees, volunteers, agents, and executors from all claims for damage whatsoever arising as a result of my participation in the activities conducted by all groups and events sanctioned by the Probud Blue Mountain Club, and I agree that this waiver shall be effective and binding upon my heirs, next of kin, administrators, assigns and representatives in the event of my death or incapacity. I affirm that I am aware of and understand the nature of the activity and its requirements, its approximate length, duration, and degree of difficulty and that I am properly equipped and physically and mentally able to participate. I have no medical or other condition, which might preclude my participation. I agree to pay the costs of any emergency evacuation of my person or other belongings that may be necessary through my participation.

Signed this _____ day of _____ 202__ Signature _____

Witness _____

| Emergency Contact | | |
|-------------------|------------|------------|
| Name: | Last | First |
| Contact Details: | Home Phone | Cell Phone |