

WAIVER, RELEASE OF LIABILITY, COVENANT NOT TO SUE & IMAGE RELEASE

In consideration of my (“I”, “my” or “myself”) and/or on behalf of my child/ward’s (each a “Ward”) participation as a Participant (“Participant”) in a Wrestling Camp or related events and/or activities (the “Event”), I, on behalf of Myself and/or my Ward, acknowledge and agree that:

(1) The risk of serious injury and/or death from the activities involved participating in the Event, as a Participant, is significant including, but not limited to the following: (i) sprains; (ii) strains; (iii) fractures; (iv) over-use syndrome; and (v) the potential for permanent paralysis and/or death. While particular rules, equipment and/or personal discipline may reduce this risk, the risk of death or serious injury does exist when involved in any sport.

(2) AFTER OPPORTUNITY TO FULLY INFORM MYSELF ABOUT THE EVENT, ON BEHALF OF PARTICIPANT AND WARD, I (undersigned) KNOWINGLY, VOLUNTARILY AND FREELY ASSUME AND ACCEPT ALL SUCH RISKS, BOTH KNOWN AND UNKNOWN, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES, as hereinafter defined, or others, and assume full responsibility and all risks for Myself or my Ward’s participation in the Event.

(3) I knowingly and voluntarily agree to comply with the stated customary terms and conditions for Participant’s participation in the Event. If, however, I observe an unusual and/or significant hazard during my presence at the Event, I will remove Myself or my Ward from participation and bring such hazard to the attention of the nearest Event official.

(4) I, and behalf of each Participant and my/our respective heirs, assigns, personal representatives and/or next of kin, forever **WAIVE, RELEASE, DISCHARGE and COVENANT NOT TO SUE, Spartan Race Inc., Riverside Farm LLC, Vermont Venture LLC (Amee Farm Lodge), Trailside Inn Corp.** and their respective officers, directors, representatives, officials, principals, agents and/or employees, subsidiaries, and/or assigns, as well as their independent contractors, sponsoring agencies, sponsors, advertisers, volunteers, and if applicable, owners and lessors of the premises used to conduct the Event (collectively, the “Releasees”) **WITH RESPECT TO ANY SUITS, CLAIMS, OR LOSS AND ALL INJURY, DISABILITY, DEATH, AND/OR LOSS OR DAMAGE TO PERSON OR PROPERTY, IN CONNECTION WITH PARTICIPANT’S PARTICIPATION IN THE EVENT, WHETHER ARISING FROM THE NEGLIGENCE OR WILLFUL CONDUCT OF THE RELEASEES OR OTHERWISE.** I further agree to indemnify, defend and hold harmless Releasees from any loss liability, cost, claim and/or damages arising from Participant’s participation in or association with the Event, including, but not limited to, reasonable attorney’s fees.

(5) I attest and verify that, unless indicated below, I am over 18 years of age and signing on behalf of Myself and/or my Ward. I certify that Participant is free from all illnesses, injuries and defects that could interfere with their safe participation in the event, and that Participant is physically fit and sufficiently trained to participate in all activities associated with the Event. I acknowledge that Participant, and I, as Participant’s parent/guardian, are aware of the inherent risks in participating in an athletic event of this type. Participant’s participation in activities and Events is entirely voluntary. I further certify and represent that on the date of the Event, Participant will possess and be covered by medical/health insurance, individually or as part of an organization.

(6) I, on behalf of Myself, or my Ward, consent to administration of first aid and other medical treatment in the event of injury or illness to Participant in connection with participation in the Event and hereby release and indemnify Releasees from any and all liability or claims arising out of such treatment.

I HAVE READ AND FULLY UNDERSTAND THIS WAIVER. I UNDERSTAND THAT I HAVE GIVEN UP, ON BEHALF OF MYSELF AND/OR MY WARD, SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY.

Participant Name (Print):	Date:
Email:	Emergency Contact Name (required):
Phone:	Emergency Contact Phone (required):
Signature:	Participant Number (if applicable):

MINORS/WARD: IF PARTICIPANT IS UNDER 18 YEARS OF AGE OR UNDER LEGAL GUARDIANSHIP, SIGNATURE OF PARENT OR GUARDIAN IS REQUIRED BELOW.

Parent/Guardian Name (Print):	Parent/Guardian Signature:
Minor/Ward Name (Print):	Date:
Relationship to Minor/Ward:	