

RELEASE OF LIABILITY -READ BEFORE SIGNING

Note: each individual must read and sign this release of liability prior to participation in skating, high ropes, archery, equine and/or paintball activities.

(A waiver must be signed each time a participant under the age of 18 comes to HALL TOWNSHIP ECHO BLUFF for skating, high ropes or paintball.)

- 1. The risk of injury from the activity and weaponry involved in high ropes/ skating/archery/equine and/or paintball activities is significant, including potential for permanent disability and death, and while particular equipment and personal discipline will minimize this risk, the risk of serious injury does exist;
- 2. I knowingly and freely assume all such risks, known and unknown, even if arising from the negligenceof those persons released from liability below, and assume full responsibility for my participation; and,
- 3. I have read and understand the rules, including all safety-related rules, and agree to fully comply with all regulations during my participation, if I observe any unusual or unnecessary hazard during my participation, I will bring it to the attention of the nearest official as soon as possible and practical; and
- 4. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin hereby release and hold harmless of liability, HALL TOWNSHIP board and employees ,volunteers from any and all liability for injury, disability, death, and loss or damage to personal property.
- 5. The risk of injury from speciation or volunteering work services, not as an employee, may result in the potential for permanent disability and death, and while particular equipment and personal discipline will minimize this risk, the risk of serious injury does exist.
- 6. I knowingly and freely assume all such risks, known and unknown, even if arising from the negligence of those persons released from liability below, and assume full responsibility.
 - I ATTEST THAT I AM NOT UNDER THE INFLUENCE OF DRUGS OR ALCOHOL.

I ACKNOWLEDGE. UNDERSTAND AND AGREE THAT I HAVE READ THIS RELEASE OFLIABILITY AND ASSUME ALL RISK ASSOCIATED WITH PARTICPATION AND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN THIS RELEASE OF LIABILITY VOLUNTARILY AND WITHOUT INDUCEMENT.

P articipant's Name (plea	ase print)		
Date of Birth	Activity Participating in		
Participant's Signature			
Home Address			
Date signed			
certify that I am the particle ase. I also agree to incorrect action in these actions are actionally as a signal and a signal and a signal and a signal are actions.	at time of participation ment or guardian with legandemnify the above name tivities for myself, heirs atture	ed companies and individuals from nd next of kin.	ned participant and agree to his/her m the liabilities resulting from his/her
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	Emergency Phone	Number	Cell Phone
		www.echobluff.org	815 447-2115