

## Valley Fight Waiver and Release of Liability

Name: \_\_\_\_\_

Age: \_\_\_\_\_ Weight: \_\_\_\_\_

Any Medical Problems: \_\_\_\_\_

In consideration of being allowed to participate in any way in Valley Fight the undersigned acknowledges, and appreciates and agrees that:

1. The risk of injury from activities involved in this program (Valley Fight) is significant, including the potential for permanent paralysis and death, and while particular rules, equipment and personal discipline may reduce the risk, the risk of serious injury does exist; and
2. I knowingly and freely assume all such risks, both known and unknown, even if arising from the negligence of the releasees of others and assume full responsibility for my participation, and
3. I willingly agree to comply with the stated and customary terms and conditions for participation. If however I observe any unusual significant hazard during my presence or participation, I will remove myself from participation and bring to such the attention of the nearest official immediately; and
4. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, hereby release and hold harmless valley fight, their officers, officials agents and/or employees, other participants, sponsoring agencies, sponsors, advertisers, and if applicable owners and leasers of the premises used to conduct the ["realesees"], with respect to any and all injury, disability, death, or loss or damage to person or property, whether caused by negligence of the releasees or otherwise.

I have read this release of liability and assumption of risk agreement, fully understand its terms, understand that I have given up substantial rights by signing it, and sign it freely and voluntarily without any inducement.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Witness signature: \_\_\_\_\_ Date: \_\_\_\_\_

Contact phone number: \_\_\_\_\_

Emergency contact phone number: \_\_\_\_\_

Second emergency contact phone number: \_\_\_\_\_

Medical insurance number: \_\_\_\_\_

