

# Waiver and Release

*Please complete one waiver per family*



I declare that I am in good physical condition for this event and I undertake it at my own risk. I understand there are certain risks and dangers inherent in participating in this event with the knowledge of the dangers that are obvious and/or possibly hidden. I hereby release Friends of the Locust fork River (FLFR) and their employees, officers, directors, volunteers and representatives from any and all liability that may result or arise, directly or indirectly from my participation in this event and associated activities at all FLFR events. I hereby grant permission for any use of photographs of this event for any purpose.

I do hereby, of my own free will, voluntarily release, discharge and agree to save and hold harmless and indemnify said parties or anyone in acting in their behalf from any and all liability claims, demands or causes of action of any type arising out of related to any loss damage or injury, including my death, that may be sustained by me while on or about said events from any cause of any type, known or unknown, whether due to the negligence of parties or anyone acting on their behalf. I make this release to bind any of my heirs or representatives of my estate. (If applicable; I hereby certify that I have read the foregoing waiver and release and consent of my child's /ward's participation in this event and on all FLFR events, and any associated activities in accordance with the terms of said waiver and release.

I agree to be completely responsible for the care and well being of my child (children), and I further agree to indemnify FLFR and their employees, officers directors, volunteers, and representatives against any and all loss which may occur as a result of an injury of said child (children).

PLEASE PRINT:

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

ADDRESS: \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

FAMILY MEMBERS ATTENDING EVENT: \_\_\_\_\_

\_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

EMERGENCY CONTACT \_\_\_\_\_ PHONE: \_\_\_\_\_

ARE YOU A MEMBER OF FRIENDS OF THE LOCUST FORK RIVER? \_\_\_\_\_ YES \_\_\_\_\_ NO

HOW DID YOU HEAR ABOUT THIS EVENT? \_\_\_\_\_

SIGNATURE OF RESPONSIBLE PARTY \_\_\_\_\_ DATE: \_\_\_\_\_

*for more information: [www.flfr.org](http://www.flfr.org)*