

**PARTICIPANT RELEASE OF LIABILITY
ASSUMPTION OF RISK AGREEMENT
READ BEFORE SIGNING**

Organization Name: **Beyond Our Boundaries**

Participant Name: _____
Print Name

In consideration of being allowed to participate in any way in the program, related events, travel activities, day trips and overnight trips in which participants traveling with Beyond Our Boundaries either share their room with another participant or occasionally will be in a room by themselves, transportation, all activities, and use of equipment and facilities, for the full time of participation with Beyond Our Boundaries, the undersigned, acknowledge, appreciate, and agree that:

1. **I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS**, both known and unknown, and assume full responsibility for my participation in all activities including but not limited to travel transportation on public modes of transportation (bus, subway, transit) and private commercial modes of transportation (airline, cruise ship, shuttle, trains, taxis). .

2. I willingly agree to comply with terms and conditions for participation. If I observe any unusual significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the nearest official immediately.

3. I, _____ for myself or _____ legal guardian and on behalf of _____ (name of participant)'s and my heirs, assigns, personal representatives and next of kin, **HEREBY RELEASE, INDEMNIFY, AND HOLD HARMLESS *Beyond Our Boundaries***, its officers, officials, agents and/or employees, volunteers, other participants, sponsors, advertisers, and, if applicable, owners and lessors of premises used to conduct events (RELEASEES), from any and all claims, demands, losses, and liability arising out of or related to any **INJURY, DISABILITY OR DEATH** I may suffer, or loss or damage to person or property, to the fullest extent permitted by law.

Health Statement

I will notify ***Beyond Our Boundaries*** ownership or employees if I suffer from any medical or health condition that may cause injury to myself, others, or may require emergency care during my participation.

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.

X _____
Participant's Signature Age Date

FOR LEGAL GUARDIANS OF PARTICIPANT that is not their own legal guardian

This is to certify that I, as guardian with legal responsibility for this participant, do consent and agree to his/her release as provided above of all the Releasees, and, for myself and the named participants, heirs and assigns, and next of kin, I release and agree to indemnify and hold harmless the Releasees from any and all liability incidents to _____'s involvement or participation in these programs as provided above, to the fullest extent permitted by law.

X _____
Guardian Signature Date Emergency Phone Number(s)