

# Accident Waiver and Release of Liability Form

I HEREBY ASSUME ALL OF THE RISKS OF PARTICIPATING IN THE CREW LEADER TRAINING CLASS conducted by Trail Design Specialists, LLC and hereby release Trail Design Specialists, LLC, its owner, employees, and agents from any and all liability. Including by way of example and not limitation, any risks that may arise from negligence or carelessness, from dangerous or defective equipment or property owned, maintained, or controlled by them.

I certify that I am physically fit, have sufficiently prepared or trained for participation in the activity or event, and have not been advised to not participate by a qualified medical professional. I certify that there are no health-related reasons or problems which preclude my participation in this event.

I acknowledge that this Accident Waiver and Release of Liability Form will be used by Trail Design Specialists, LLC, the organizer(s) of the event in which I may participate, and that it will govern my actions and responsibilities at said activity or event.

In consideration of my application and permitting me to participate in this event, I hereby take action for myself, my executors, administrators, heirs, next of kin, successors, and assigns as follows:

(A) I WAIVE, RELEASE, AND DISCHARGE from any and all liability, including but not limited to, liability arising from the negligence or fault of the entities or persons released, for my death, disability, personal injury, property damage, property theft, or actions of any kind which may hereafter occur to me including my traveling to and from this event.

(B) I INDEMNIFY, HOLD HARMLESS, AND PROMISE NOT TO SUE the entities or persons outlined above from any and all liabilities or claims made as a result of participation in this event, whether caused by the negligence of release or otherwise.

I acknowledge that Trail Design Specialists, LLC and its owner, employees, and agents are NOT responsible for the errors, omissions, acts, or failures to act of any party or entity conducting a specific event on behalf of the Trail Design Specialists, LLC.

I acknowledge that this activity or event may involve some physical requirements and mental limits and may carry with it the potential for injury and property loss. The risks may include, but are not limited to, those caused by terrain, facilities, temperature, weather, condition of participants, equipment, actions of other people.

I hereby consent to receive medical treatment which may be deemed advisable in the event of injury, accident, and/or illness during this activity or event.

The accident waiver and release of liability shall be construed broadly to provide a release and waiver to the maximum extent permissible under applicable law.

I CERTIFY THAT I HAVE READ THIS DOCUMENT, AND I FULLY UNDERSTAND ITS CONTENT. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT AND I SIGN IT OF MY OWN FREE WILL.

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

Participant's Name (please print): \_\_\_\_\_

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