Participant Liability Release and Waiver Form

Liability Release: For good and valuable consideration, the receipt and sufficiency of which are hereby acknowledged, I, on my own behalf and/or as a parent or legal guardian of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, a minor (and hereinafter “Minor”), hereby grant the permission necessary to allow me/or Minor to participate at Royal Revolution and all its associated activities and events. I, on my own behalf, and/or on behalf of Minor, further agree to release and to hold harmless Royal Revolution, its employees, volunteers, agents, and members of the preceding parties (hereinafter collectively “Releasees”) from any and all liability whether caused by negligence of the Releasees or otherwise for any claim, judgment, loss, liability, cost and expenses (including, without limitations, attorney’s fees and costs) arising out of or connected with any event or activity associated with Royal Revolution, including any claim arising out of or connected with any illness or injury (minimal, serious, catastrophic and/or death) that I and/or Minor may incur or sustain during the activities at Royal Revolution, all activities and events associated with Royal Revolution, and while traveling to and from the site for which the activity, event, or any other location from which I and/or Minor is participating in the event, whether or not the Event actually occurs. I further expressly agree to indemnify and hold harmless Releasees and Releasees’ heirs, successors, assigns, executors and administrators against loss from any further claims, demands or actions that may subsequently be brought by me and/or Minor or by any other persons of the account of damages or any character resulting to me/or Minor in any way from foregoing activities. I further agree to reimburse and to make good to Releasees any loss or costs Releasees may have to pay as a result of any such action, claim or demand.

Medical Release: I, on my own behalf and/or on behalf of Minor, acknowledge and agree that such participation in events, activities at Royal revolution, and all events, activities associated with Royal revolution, subjects me and/or Minor to possibility of physical illness or injury (minimal, serious, catastrophic and/or death) and that I, on my own behalf and/or on behalf of Minor, acknowledge that I and/or Minor is assuming the risk of such illness or injury by participating in activities at Royal revolution and all activities and events associated with Royal Revolution. In the event to such illness or injury, I authorize Royal revolution to obtain necessary medical treatment for me and/or Minor, and hereby, I on my own behalf and/or behalf of Minor, release and hold harmless Releasees in the exercises of this authority. I further acknowledge and understand that I will be responsible for any and all medical and related bills that may be incurred on behalf of me and/or Minor for any illness and injury that I and/or Minor may sustain during any Royal Revolution activities or events and all events and activities associated with Royal Revolution and while traveling to and from the sites these such events and activities or the location from which I and/or Minor is participating in the event and/or activity, whether or not the Event actually occurs.

I represent that any medication to which I and/or Minor is currently taking are listed below. I agree that I and/or Minor shall bring mediations which I and/or Minor is currently taking to all activities and events at Royal Revolution and all events and activities associated with Royal Revolution and shall consume the prescribed dosages for such medications.

Medications (if any): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Allergic to (if any): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I acknowledge that I and/or Minor suffers from the following condition(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name/Minor’s Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Minor’s Parents/Legal Guardians: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature/Signature of Parent or Legal Guardian: X\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Insurance Carrier for Minor:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Policy Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_