

Bring questionnaire to work out:

Assumption of Risk/Release of Liability Form

I, _____, understand and agree that the Heroes of Tomorrow Training Course on _____(date) with members of StewSmith.com and Heroes of Tomorrow of which I am a participant involves certain risks and that regardless of the precautions taken by the above organization, some bodily injury may occur.

Specific risks/hazards involved in the above event include, but are not limited to the following:

1. Hyperthermia - Dehydration
2. Drowning, joint, bone injuries

The likelihood of such injuries may be lessened by adhering to these safety rules or procedures:

1. Hydrate throughout event
2. Inform safety observers and instructors of pre-existing injuries and injuries occurred during event.

Knowing this information, in consideration of my participation in the above event, I expressly and knowingly release the above organizations its representatives, officers, advisors, and agents and employees, from any and all claims and causes of action for property damage, personal injury or death sustained by me arising out of any travel or activity conducted by or under the auspices of the above organizations caused by risk associated by this activity and/or the negligence of the sponsoring group. Participant acknowledges that the above organizations are separate legal entities and should be treated as such.

In addition, I understand and agree that the above organization cannot be expected to control all of the risks articulated in this form but may need to respond to accidents and potential emergency situations. Therefore, I hereby give my consent for any medical treatment that may be required during my participation with the understanding that the cost of any such treatment will be my responsibility. Neither of the above organizations carry any sort of medical or accident insurance for the activities mentioned unless the participants are informed otherwise. As such, participants should review their personal insurance portfolio.

Finally, I voluntarily and knowingly agree to protect, hold harmless, and indemnify, the above organizations, its representatives, officers, advisors, and agents and employees, against all claims, demands, or causes of action for property damage, personal injury, or death, including defense costs and attorneys fees arising out of my participation in the above event of the above organization.

I have read the above agreement and have willingly signed the same for the consideration expressed and with a full understanding of its purpose. Participant represents that he/she is eighteen (18) years of age or older and is otherwise competent to execute this agreement, or that his/her legal guardian is also signing this agreement.

Date: _____ Age: _____

Print Name: _____ Signature: _____ Phone#: _____

Address: _____

EMAIL ADDRESS - _____

In case of emergency, contact at the following number (_____) _____

Please list any special services you may require due to an existing medical condition or physical disability