



ACCIDENT WAIVER AND RELEASE OF LIABILITY FORM

NAME OF ACTIVITY: _____

DATE OF ACTIVITY: _____

I HEREBY ASSUME ALL OF THE RISKS OF PARTICIPATING IN ANY/ALL ACTIVITIES ASSOCIATED WITH THIS EVENT. I certify that I am physically fit, have sufficiently prepared or trained for participation in this activity, 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 activity.

I consent to receive medical treatment which may be deemed advisable for any injury, accident, and/or illness during this activity. I understand I will be financially responsible for all claims and related expenses incurred due to any such emergency.

I give permission to use photographs, video and audio recordings of me and quotations of mine in connection with participation in this event for any and all media including training videos, publications, web usage, advertising and publicity. I understand there will be no compensation for the use of any such items and waive the right to approve the finished product.

In consideration for the acceptance of my participation, I, for myself and anyone entitled to act or claim on my behalf, agree to release from liability, indemnify and hold harmless the City of Billings and/or their organizers, directors, officials, agents, volunteers, representatives, successors, employees and assigns from any claims, liabilities, debts and causes of action whether foreseen or unforeseen, for death, personal injury, property damage or any other injuries which may arise from my participation in these activities as well as any first aid treatment or other medical services provided me.

I agree that this release, waiver and indemnity agreement is intended to be as broad and inclusive as permitted by the State of Montana, and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

I acknowledge that this Accident Waiver and Release of Liability Form will be used by the event holders, sponsors, and organizers of the activity in which I may participate, and that it will govern my actions and responsibilities at said activity.

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.

Participant's Signature

Date

Participant's Name
(Please print legibly.)