

**RELEASE AND WAIVER OF LIABILITY AND EMERGENCY**

**MEDICAL CARE AUTHORIZATION**

For and in consideration of being permitted to participate in and/or watch any and all clubs, activities, programs or events (“Activity”) provided by ILADD, Inc. (“ILADD”), the sufficiency of such consideration being hereby acknowledged, Participant, as hereafter signified, and for his/her personal representatives, assigns, heirs, and next of kin, hereby freely, voluntarily, and without duress execute this Release and Waiver under the following terms:

**RELEASE AND WAIVER:** Participant does hereby release, waive and discharge ILADD and its affiliated companies, volunteers, agents, employees, officers, directors, successors and assigns (collectively referred to herein as “ILADD and Affiliates”) from any and all liability, loss, claims, costs, attorneys’ fees, expenses, and demands of whatever kind or nature, either in law or in equity, which arise or may hereafter arise from Participant’s participation in the Activity with ILADD and Affiliates whether foreseen or unforeseen, known or unknown. Participant understands that this Release and Waiver discharges ILADD and Affiliates from any liability or claim that the Participant may have against ILADD and Affiliates with respect to any bodily injury, personal injury, illness, death, or property damage that may result from the Activity with ILADD and Affiliates. Participant also understands that ILADD and Affiliates do not assume any responsibility for or obligation to provide financial or other assistance, including but not limited to medical, health, or disability insurance in the event of injury or illness.

**ASSUMPTION OF RISK:** Participant understands that ILADD and Affiliates do not own, operate or control the locations of the Activities and that unstable or unexpected conditions at the Activity may require changes in the planned Activity or might cause inconvenience or harm to Participant. Participant understands and agrees that ILADD and Affiliates do not assume responsibility or liability for, and have not made, and do not make any representations whatsoever regarding Participant’s personal health and safety, or that of Participant’s property while participating in this Activity.

Participant understands that there may be inherent risks to his/her health or well-being as a result of Participant’s participation in this Activity which ILADD and Affiliates can neither anticipate nor eliminate including, but not limited to, unfamiliarity with the Activity location; travel to, from and around the Activity location; unfamiliarity with laws, culture, or customs; environmental or other conditions of the location of the Activity; inadequate or unavailable healthcare facilities or assistance; inadequate, faulty, or inappropriate training or instruction of personnel or equipment; accident or mistake. Participant fully accepts and assumes such risks and all responsibility for losses, costs, and damages Participant incurs as a result of participation in the Activity.

**EMERGENCY MEDICAL CARE AUTHORIZATION:** Participant certifies that he/she is physically and emotionally capable of full participation in the Activity, however, Participant recognizes that occasionally an individual participating in an Activity may face a health emergency requiring local hospitalization or emergency treatment. Participant authorizes ILADD and Affiliates, to secure emergency medical care, hospitalization or other treatment for Participant. However, Participant understands ILADD and Affiliates is under no duty to secure such care or assist Participant in any other way in the event of such a health emergency. Participant does hereby release and forever discharge ILADD and Affiliates from any claim whatsoever which arises or may hereafter arise on account of any first aid, medical care, hospitalization, treatment or service rendered in connection with the Activity.

**MEDIA RELEASE:** Participant does hereby grant and convey to ILADD all right, title and interest in any and all photographic images and video or audio recordings of Participant (collectively referred to herein as “Media”) made by ILADD and Affiliates during any Activity and grants ILADD permission to use such Media in any and all of its publications, including website entries, without payment or any other consideration. Participant understands and agrees that such Media will become the property of ILADD. Participant hereby authorizes ILADD and Affiliates to edit, alter, copy, exhibit, publish or distribute such Media for purposes of publicizing ILADD Activities or for any other lawful purpose.

**INSURANCE:** Participant understands that, except as otherwise agreed to by ILADD in writing, ILADD does not carry or maintain health, medical or disability insurance coverage for any Participant. Each Participant is expected to obtain his/her own medical, health and/or disability insurance coverage.

**OTHER:** Participant promises to abide by all rules and requirements of participation in any Activity provided by ILADD. Participant understands that by breaking any rule or requirement, or for any other reason deemed appropriate by ILADD and Affiliates, his/her participation in any Activity may be immediately terminated. Participant agrees that this Release and Waiver is intended to be as broad and inclusive as permitted by the laws of the State of Indiana. Participant agrees that should any portion of this Release and Waiver be held invalid, the remaining portion shall remain in effect.

**I, Participant, being of legal age and capacity, have read, understood, and agree to the terms of this Release, Waiver and Authorization on this \_\_\_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_.**

Printed Name of Participant:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Participant’s Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If Applicable:

Printed Name of Parent/Legal Guardian:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Legal Guardian’s Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_