General Release Of Liability Form (Physical Activity)

I,	at
HEREBY ASSUME ALL OF THE RISKS OF PAR conducted by ALOTO	•
including by way of example and not limitation, a carelessness on the part of the persons or entitie equipment or property owned, maintained, or corliability without fault.	es being released, from dangerous or defective
I CERTIFY that I am physically fit, have sufficient activity, and have not been advised to not particill CERTIFY that there are no health-related reason in this activity.	pate by a qualified medical professional. I
I acknowledge that this Accident Waiver and Rel holders, sponsors, and organizers of the activity govern my actions and responsibilities at said ac	in which I may participate, and that it will
In consideration of my application and permitting action for myself, my executors, administrators, hollows:	
(1) I WAIVE, RELEASE, AND DISCHARGE from liability arising from the negligence or fault of the disability, personal injury, property damage, prophereafter occur to me including my traveling to a ENTITIES OR PERSONS:	entities or persons released, for my death, perty theft, or actions of any kind which may
and/or their directors, officers, employees, volunt	teers, representatives, and agents, and the

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

activity holders, sponsors, and volunteers.

I acknowledge that ALOTO and their directors, officers, volunteers, representatives, and agents are NOT responsible for errors, omissions, acts, or failures to act of any party or entity conducting a specific activity on their behalf.

I acknowledge that this activity may involve a test of a person's physical and mental limits and carries with it the potential for death, serious injury, and property loss. The risks include, but are not limited to, those caused by terrain, facilities, temperature, weather, condition of participants, equipment, vehicular traffic, lack of hydration, and actions of other people, including, but not limited to, participants, volunteers, monitors, and/or producers of the activity. These risks are not only inherent to participants but are also present for volunteers.

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

I understand while participating in this activity, I may be photographed. I agree to allow my photo, video, or film likeness to be used for any legitimate purpose by the activity holders, producers, sponsors, organizers, and assigns.

The Accident Waiver and Release of Liability Form 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.

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	SIGNATURES
Releasor's Name & Signature	-
Parent/Guardian Name and Signature (If under 18 years old, Parent or Guardia	an must also sign.)
Releasee's Name/Stamp and Signature	_ Date: