



LEGIO · XXX  
— VIPIA VICTRIX —

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## Waiver of Liability and Assumption of Risk

I understand that there can be risks associated with any recreational pursuit. In consideration of my acceptance for participation in this activity, and by signing this release for myself (or for the named applicant, if the applicant is under 18 years of age), I, for myself, my heirs, executors, administrators, successors, and assigns HEREBY RELEASE, WAIVE AND FOREVER DISCHARGE the organizers, members, volunteers, agents, successors and assigns OF AND FROM ALL claims, demands, damages, costs, expenses, action and causes of action, whether in law or equity, in respect of death, injury, loss or damage to my person or property HOWEVER CAUSED, or any illness I may contract (including but not limited to Covid-19), arising or to arise by reason of my participation in the said event and NOTWITHSTANDING that same may have been contributed to or occasioned by the negligence of the aforesaid.

I affirm that I am aware of the nature of this activity, its duration and degree of difficulty and that I am properly equipped and physically able to participate. I have no medical or other condition that might preclude my participation. In the event of injury I authorize the use of first aid, CPR, emergency transport and the sharing of medical information. I will assume all costs for care and transportation regarding emergency medical care. I agree to follow the directions of the organizer(s) inclusive of complying with safety regulations, wearing any required safety gear, and adhering to all activity rules.

I agree not to participate while under the influence of drugs or alcohol and understand that any unacceptable behaviour may result in the termination of my involvement.

I have read and understood the participation agreement, and I am voluntarily signing below.

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**Full Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Participants under the age of 18 you take responsibility for:**

1 \_\_\_\_\_ 2 \_\_\_\_\_

3 \_\_\_\_\_ 4 \_\_\_\_\_

**Emergency Contact:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_