

COMO Axe Attack LLC

RELEASE OF LIABILITY AND ACCIDENT WAIVER

I HEREBY ASSUME ALL OF THE RISKS OF PARTICIPATING IN THIS ACTIVITY OR EVENT, including by way of example and not limitation, any risks that may arise from negligence or carelessness on the part of the persons or entities being released or on the part of others participating in this activity or event, from dangerous or defective equipment or property owned, maintained, or controlled by them, or because of their possible liability without fault. I certify that I am physically able to participate in axe throwing and related activities. I certify that there are no health-related reasons or problems which preclude my participation in this activity or event. I acknowledge that this Accident Waiver and Release of Liability Form will be used by COMO Axe Attack LLC, and that it will govern my actions and responsibilities at said activity or event. In consideration of permitting me to participate in this activity or event, I hereby take action for myself, my executors, administrators, heirs, next of kin, successors, and assigns as follows:

(A) I WAIVE, RELEASE, AND DISCHARGE from any and all liability, including but not limited to, liability arising from the negligence or fault of the entities or persons released, for my death, disability, personal injury, property damage, property theft, or actions of any kind which may hereafter occur to me, THE FOLLOWING ENTITIES OR PERSONS: COMO Axe Attack LLC and its directors, officers, owners, members, employees, volunteers, representatives, and agents. **INITIAL HERE:** _____

(B) I INDEMNIFY, HOLD HARMLESS, AND PROMISE NOT TO SUE COMO Axe Attack LLC and its directors, officers, owners, members, employees, volunteers, representatives, and agents from any and all liabilities or claims made as a result of participation in this activity or event, whether caused by the negligence of releasees or otherwise. I acknowledge that COMO Axe Attack LLC and its directors, officers, owners, members, employees, volunteers, representatives, and agents are NOT responsible for the errors, omissions, acts, or failures to act of any party or entity participating or spectating in this activity or event or anything else occurring or failing to occur on the premises of COMO Axe Attack LLC. **INITIAL HERE:** _____

I acknowledge that this activity or event is inherently dangerous and may carry with it the potential for death, serious injury, and property loss. These risks are not only inherent to participants, but are also present for all others on the premises. I hereby consent to receive medical treatment which may be deemed advisable in the event of injury, accident, and/or illness during this activity or event. This release of liability and accident waiver shall be construed broadly to provide a release and waiver to the maximum extent permissible under applicable law. I understand that at this event or related activities, I may be photographed and/or videoed. I agree to allow my photo, video, or film likeness to be used for any legitimate purpose by COMO Axe Attack LLC, the event holders, producers, sponsors, organizers, and assigns, including but not limited to, promotion, marketing, and social media.

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. I CERTIFY THAT I AM 18 YEARS OLD OR OLDER AND UNDER NO LEGAL DISABILITY THAT WOULD PROHIBIT ME FROM ENTERING INTO A CONTRACT. IF A MINOR, MINOR'S LEGAL GUARDIAN SIGNS BELOW ON BOTH GUARDIAN AND MINOR'S BEHALF.

Date

Signature of participant/participant's guardian

Minor's Name (if applicable)

Print Name