Note: each individual must read and sign this release of liability prior to participation in skating, high ropes, archery, equine and/or paintball activities.

(A waiver must be signed each time a participant under the age of 18 comes to HALL TOWNSHIP ECHO BLUFF for skating, high ropes or paintball.)

- 1. The risk of injury from the activity and weaponry involved in high ropes/ skating/archery/equine and/or paintball activities is significant, including potential for permanent disability and death, and while particular equipment and personal discipline will minimize this risk, the risk of serious injury does exist;
- 2. I knowingly and freely assume all such risks, known and unknown, even if arising from the negligenceof those persons released from liability below, and assume full responsibility for my participation; and,
- 3. I have read and understand the rules, including all safety-related rules, and agree to fully comply with all regulations during my participation, if I observe any unusual or unnecessary hazard during my participation, I will bring it to the attention of the nearest official as soon as possible and practical; and
- 4. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin hereby release and hold harmless of liability, HALL TOWNSHIP board and employees ,volunteers from any and all liability for injury, disability, death, and loss or damage to personal property.
- 5. The risk of injury from speciation or volunteering work services, not as an employee, may result in the potential for permanent disability and death, and while particular equipment and personal discipline will minimize this risk, the risk of serious injury does exist.
- 6. I knowingly and freely assume all such risks, known and unknown, even if arising from the negligence of those persons released from liability below, and assume full responsibility.
 - I ATTEST THAT I AM NOT UNDER THE INFLUENCE OF DRUGS OR ALCOHOL.
 - I ACKNOWLEDGE, UNDERSTAND AND AGREE THAT I HAVE READ THIS RELEASE OFLIABILITY AND ASSUME ALL RISK ASSOCIATED WITH PARTICPATION AND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN THIS RELEASE OF LIABILITY VOLUNTARILY AND WITHOUT INDUCEMENT.

Participant's Name (please print)			
Date of Birth	Activity Participating in		
Participant's Signature			
Home Address			
Phone Number	_Email		
Date signed			

MINOR AGED PARTICIPANTS

All Players under age 18 at time of participation must have a parent or guardian sign below.

I certify that I am the parent or guardian with legal responsibility for the above signed participant and agree to his/her release. I also agree to indemnify the above named companies and individuals from the liabilities resulting from his/her participation in these activities for myself, heirs and next of kin.

Emergency Phone NumberCell Phone Number			
Date signed Number	_ Emergency Phone Numb	per	Cell Phone
HALL TWP. ECH	O BLUFF PARK	www.echobluff.org	815 447-2115