

2022 Participant Registration and Release

Please complete one form for each adult participant. Children may be registered along with an adult family member on the same form. If a participant is under 18 years of age or has a legal guardian, a signature from a parent or the guardian is required.

Section 1: General Information (Please print clearly)

Name(s): _____ Date of Birth: _____

Address: _____ City/Town: _____ State: _____

Zip Code: _____

Cell Phone: _____ Home ph: _____ Email: _____

Veteran status (optional): I have served in the U. S. Military

Emergency contact (first & last name & phone): _____

____ The undersigned, on behalf of the above mentioned participant, in connection with his/her participation in events held by All Out Adventures hereby releases All Out Adventures and its employees, vendors, agents, representatives, volunteers, board members, from any and all liability, loss, damages, costs, claims and/or causes of action, including but not limited to property damage and emotional and bodily injuries, including death, arising in any way from my or my child's or ward's enrollment or participation in any program, course or recreational activity of every type and description provided or sponsored by the Providers. I understand that my or my child's or ward's participation in such program, course or recreational activity may involve risk and the possibility of injury to me or to my child or ward, and to others, and of property damage. I hereby release and hold the Providers harmless from liability for any such injury or damage, whether incurred by me, my minor child or my ward, and including any injury that may occur as a result of emergency care provided by the Providers. I also hereby indemnify the Providers from any liability, loss, damages, costs, claims and/or causes of action brought by the minor child, the ward, or members of the minor child's or ward's family arising from their enrollment or participation, and from claims of others who I or my child or ward injure while participating in such program, course or recreational activity, including any injury that may occur as a result of emergency care provided to others by the Providers. The undersigned, on behalf of the below mentioned participant, in connection with his/her participation in events held by All Out Adventures, gives my permission for All Out Adventures to use photographs and/or videotape of me or the participant for publicity and media purposes, including but not limited to internet publications and inclusion in any All Out Adventures publication.

Individual Participant:

SIGN HERE IN INK DATE (If participant is under the age of 18 or not their own guardian, guardian signature is required)

Parent/Legal Guardian Signature (Parent/Legal Guardian Name)

