**Adult Release**

1. The risk of injury from the activities involved in this program is significant, including the potential for permanent paralysis and death, while particular rules, equipment, and personal discipline may reduce this risk, the risk of serious injury does exist; and,

2. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASSES or others, and assume full responsibility for my participation; and

3. I willingly agree to comply with the stated and customary terms and conditions for participation, I will remove myself from participation and bring such to the attention of the nearest official immediately; and

4. I, for myself and on behalf of my heirs, assigns, personal representatives, and next of kin, HEREBY RELEASE, INDEMNIFY, AND HOLD HARMLESS THE TOWN OF CARRABASSETT VALLEY AND CARRABASSETT VALLEY ACADEMY, their officers, officials, agents and or employees, other participants, sponsoring agencies, sponsors, advertisers, insurers, owners and lessors of the premises (herein, the “Releases”) WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, LOSS OR DAMAGE TO PERSONAL PROPERTY, whether arising from the negligence of the releases or otherwise, to the fullest extent permitted by law : such indemnification shall include any reasonable attorney’s fees and costs incurred by The Town of Carrabassett and or Carrabassett Valley Academy in connection with such claims or causes of action. The Town of Carrabassett Valley and Carrabassett Valley Academy retains any defense, immunity, or limitation of liability available to The Town and the Academy by law, including the Maine Tort Claims Act; and

5. I specifically agree that I shall indemnify and hold harmless The Town of Carrabassett Valley and Carrabassett Valley Academy, its officials, municipal officers, employees, agents, their heirs, successors and assign, from any such claims, demands, causes of action, judgments, or liabilities by a third party, including claims by myself. My indemnification for the Town of Carrabassett Valley and Carrabassett Valley Academy, set forth above, shall be binding on me and legally effective. I hereby give my consent to any medical procedures deemed advisable for myself by the Town of Carrabassett Valley or Carrabassett Valley Academy, and / or its employees. I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULL UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVE UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INCIDENT.

**Participant Name (please print) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Participant’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Telephone Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ D.O.B.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Permanent Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**City/Town \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_State \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Zip Code\_\_\_\_\_\_\_\_\_\_\_**

**Person to contact in case of an Emergency: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Telephone Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**