

Notary Public \_\_\_\_\_

## RH91 WAIDER AND RELEASE OF LIABILITY FORM

I,, hereby assume all of the risks of participating and/or volunteering in any 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, 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 fit, have sufficiently prepared or trained for participation in the activity or event, and have not been advised to not participate by a qualified medical professional. I certify that there are no health-related reasons or problems which preclude my participation in this activity or event.	
I acknowledge that this Waiver and Release of Liability Form will be used by RH91, hereinafter "RH91", and that it will govern my actions and responsibilities at any event, practice, or related activity. I waive, release, and discharge RH91, its employees, and independent contractors 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 including my traveling to and from any event.	
I acknowledge that RH91 and their staff are NOT responsible for the errors, omissions, acts, or failures to act of any party or entity conducting a specific event or activity on behalf of RH91. The waiver and release of liability shall be construed broadly to provide a release and waiver to the maximum extent permissible under applicable Oklahoma law.	
I hereby consent to receive medical treatment which may be deemed advisable in the event of injury, accident, and/or illness during any activity or event.	
I acknowledge that RH91 and any of its employees and/or independent contractors shall have the right, at any time, to inspect bags and personal belongings while attending any RH91 event or an event held by a third party.	
I CERTIFY THAT I HAVE READ THIS DOCUMENT, AND I FULLY UNDERSTAND ITS CONTENT. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY, A CONTRACT, AND IS A LEGALLY BINDING DOCUMENT, AND I SIGN IT OF MY OWN FREE WILL.	
Parent's Signature	Date
Participant's Name	
Parent's Phone Number (best to reach you)	
State of C	County of
This instrument was acknowledged before me on the	day of 20 by