NORTH CAROLINA

UNION COUNTY

WAIVER, RELEASE FROM LIABILITY, ASSUMPTION OF RISK AND HOLD HARMLESS AGREEMENT

I acknowledge that I have been informed, as evidenced by the signing of this agreement, to SEEK THE OPINION, ADVICE AND DIRECTION OF A MEDICAL PROFESSIONAL to determine my and ______ (name of person) fitness and ability to engage in these activities before so doing.

The terms of this agreement shall also be binding as to any other persons, including all family members, heirs, executors, or administrators. I understand this is a binding contract that supersedes any other agreements or representations, and is intended to provide a comprehensive **RELEASE OF LIABILITY** but is not intended to assert any defenses that are prohibited by law. If any part of this agreement is deemed unenforceable, all other parts shall be given full force and effect.

I have carefully read and understand this agreement, and I am aware that by signing this agreement I AM WAIVING CERTAIN LEGAL RIGHTS, INCLUDING THE RIGHT TO SUE.

I sign this agreement of my own free will fully understanding what I am doing under no duress, threat, coercion or any other circumstance or inducement that might be asserted to be a basis for entry into this release against my will or without a complete understanding of what I am doing. I represent that I am over the age of 18 years and am under no legal constraint or impediment. I further represent that I am over the age of 18 years and am under no legal constraint or impediment, and that I am the parent or legal guardian of _______ (name of person).

I, the undersigned, am legally competent to sign this release. I HAVE READ THIS RELEASE AND UNDERSTAND ITS CONTENTS. (If participant is under age 18, parent or legal guardian must sign.)

Agreed on this _____ day of ______, 2024.

BY:

Signature

Print Name

Address

□ I, being the parent or legal guardian of ______ participating in the above-referenced activities having read the above agreement and fully understanding its contents, approve of said person's participation and agree to the terms set forth above.

Signature

Print Name

WITNESS:

Signature

Print Name