

PARTICIPANT RELEASE OF LIABILITY AND MEDIA USAGE AUTHORIZATION 2024

(Please Pr	int)	(her	einafter "Participant")
Address:	City	STATE	Zip
Organization Name:			
	ng allowed to participate in any program, related NLS, ROPES COURSE, AND BALL FIELD ACTIVITIES e that:		
= = =	m the activities involved in this program is signif his risk, the risk of serious injury does exist;	icant. While particular rules,	equipment, and personal
	REELY ASSUME ALL SUCH RISKS, both known and articipant, Eagle Sky, or others, and assume full		
	omply with the stated and customary terms and ng my presence or participation, I will remove malimmediately and;		
AND HOLD HARMLESS advertisers, and, if app DISABILITY, DEATH, or I	myself and on behalf of my heirs, assigns, person EAGLE SKY, their officers, officials, agents and/or licable, owners and lessors of premises used to constant of the fullest extent permitted by law; and	r employees, other participar conduct the event WITH RESI	nts, sponsoring agencies, sponsors, PECT TO ANY AND ALL INJURY,
publications and/or po	otographs and video footage taken as a result of sted to the Internet. By signature below, I hereb to approve the materials that Eagle Sky may cho	y grant world-wide, perpetua	al license of my image and agree to waiv
	ASE OF LIABILITY AND ASSUMPTION OF RISK AG untarily signing this Agreement acknowledge th		
X	Participant's Signature and Date		
	FOR PARENTS/GUARDIANS OF (UNDER AGE 18)	PARTICIPANT OF MINOR AG	E
his/her release as state	the undersigned, as a parent/guardian with legard above, and, for myself, my heirs, assigns, an minor child's participation in the Programs to the	d next of kin, I agree to inder	nnify and hold harmless Eagle Sky for all
X			
Parent/Guardian Signature	Date Emergency Phone Number(s)		
			1 Eagle