



SHOULDER TO SHOULDER

Shoulder to Shoulder México

ACCIDENT WAIVER AND RELEASE OF LIABILITY FORM

I _____ (full name), HEREBY ASSUME ALL OF THE RISKS OF PARTICIPATING IN ANY/ALL ACTIVITIES ASSOCIATED WITH **SHOULDER TO SHOULDER MEXICO (STS)**, 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 and have not been advised to not participate or travel by a qualified medical professional. I certify that there are no health-related reasons or problems which preclude my participation.

In consideration of my application and permitting me to participate with **Shoulder to Shoulder (STS)**, I hereby take action for myself:

(A) I WAIVE, RELEASE, AND DISCHARGE 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 this activity, **THE FOLLOWING ENTITIES OR PERSONS: Shoulder to Shoulder, (STS)** and/or their directors, employees, volunteers, representatives, and the activity holders, sponsors, and volunteers;

(B) INDEMNIFY, HOLD HARMLESS, AND PROMISE NOT TO SUE the entities or persons mentioned in this paragraph from any and all liabilities or claims made as a result of participation in this activity, whether caused by the negligence of release or otherwise.

I acknowledge that **Shoulder to Shoulder (STS)** and their directors, volunteers, and representatives are NOT responsible for the errors, omissions, acts, or failures to act of any party or entity conducting a specific activity on their behalf.

I hereby consent to receive medical treatment which may be deemed advisable in the event of injury, accident, and/or illness during these activities with **STS**.

I understand while participating in this activity, I may be photographed. I agree to allow my photo, video, or film likeness to be used for any legitimate purpose by the activity holders, producers, sponsors, organizers, and assigns.

I CERTIFY THAT I HAVE READ THIS DOCUMENT AND I FULLY UNDERSTAND ITS CONTENT. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT AND I SIGN IT OF MY OWN FREE WILL.

_____ Participant's Signature	_____ Date	_____ Participant's Name (Please print legibly.)	_____ Age
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_____ Parent/Guardian Signature (If under 18 years old, Parent or Guardian must also sign.)	_____ Date
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