**EDWARD M. ARMFIELD CIVIC CENTER PARTICIPANT RELEASE**

**873 OLD US 52 BYP W OF LIABILITY**

**PILOT MOUNTAIN, NC 27041 READ BEFORE SIGNING**

**Member’s Name**

In consideration of being allowed to participate in any way in the program, related events and activities, I the undersigned, acknowledge, appreciate and agree that:

 The risk of injury from the activities involved in this program is significant, including the

 potential for permanent paralysis and death, and while particular rules, equipment, and

 personal discipline may reduce this risk, the risk of serious injury does exist and, **I**

 **KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown,**

 **EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES** or others, and

 assume full responsibility for my participation; and, I willingly agree to comply with the

 stated and customary terms and conditions for participation. If however I observe any

 unusual significant hazard during my presence or participation, I will remove myself from

 participation and bring such to the attention of the nearest official immediately and, I, for

 myself and on behalf of my heirs, assigns, personal representatives and next of kin,

 **HEREBY RELEASE, INDEMNIFY, AND HOLD HARMLESS THE Edward M Armfield**

 **Civic Center,** their officers, officials, agents and/or employees, other participants,

 sponsoring agencies, sponsors, advertisers, and, if applicable, owners and lessors of

 premises used to conduct the event (RELEASEES), WITH RESPECT TO ANY AND ALL

 INJURY, DISABILITY, DEATH, or loss or damage to person or property, WHETHER

 ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE, to the

 fullest extent permitted by law.

**I HAVE READ THIS RELEAE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT,**

**FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT**.

**SIGNATURE REQUIRED FOR EACH MEMBER 18 YEARS OF AGE AND OLDER.**

**X\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **PARTICIPANTS SIGNATURE DATE OF BIRTH DATE**

**X\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **PARTICIPANTS SIGNATURE DATE OF BIRTH DATE**

**X\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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