



Wicked Wake, LLC
532 Main Street
Bay St. Louis, Ms. 39520
(228) 220-3351
info@wickedwake228.com

WAIVER OF LIABILITY

I am fully aware of all risk connection with attending and/or participating in any and all events, training, riding, and/or being towed by

Wicked Wake, LLC on this date and all other future dates of my attendance and/or participation.

I agree not to hold accountable or bring legal action against Wicked Wake, their agents, officers, employees, independent contractors and/or volunteers regardless of fault and regardless of their actions being under Wicked Wake or personally on their own; this Waiver releases the same from all liability relating to injuries that may occur on location, before, during and/or after any and all activities.

By signing this agreement, I agree to hold Wicked Wake, their agents, officers, employees, independent contractors and/or volunteers regardless of fault entirely free from liability, including financial responsibility for injuries incurred, regardless of the reasons and/or circumstances.

I acknowledge the risk involved with this activity including, but not limited to, muscle tears, sprains, bone fractures and/or breaks, paralysis, or even death. I certify that my participation is voluntary and I have been made aware of the risk. Additionally, I do not have any conditions that may increase my likelihood of injury.

I will make every effort to obey Wicked Wake's personnel, all safety rules, and will ask for clarification if needed. Additionally, Wicked Wake has advised it is not safe to consume any intoxicating substances before, during, and/or after any and all participations with Wicked Wake activities, and if consumed, I am fully responsible for my own actions and relieve Wicked Wake, their agents, officers, employees, independent contractors and/or volunteers regardless of fault and regardless if they are acting under Wicked Wake or personally on their own of any and all liability.

I agree this is a binding contract on any and all third parties that may have a claim on my behalf, including my known and unknown heirs, and myself; moreover, I agree Hancock County, Ms., shall have exclusive jurisdiction over matters that shall arise from attending and/or participating with Wicked Wake services.

DATE: _____

FULL NAME: _____

STREET ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE NUMBER: (____) _____ - _____

EMAIL: _____

EMERGENCY CONTACT NAME: _____

EMERGENCY CONTACT PHONE NUMBER: (____) _____ - _____