

ELECTRIC UNICYCLE EDUCATION SAFETY TRAINING

WAIVER OF RIGHTS, ASSUMPTION OF RISK, INDEMNIFICATION, HOLD HARMLESS, AND RELEASE OF LIABILITY AGREEMENT

PLEASE READ CAREFULLY BEFORE SIGNING. THIS IS A LEGALLY BINDING DOCUMENT.

1. ACKNOWLEDGMENT OF RISK

I, the undersigned participant, acknowledge that participation in Electric Unicycle (EUC) training, instruction, or practice involves inherent risks, including, but not limited to:

- Falls and collisions with objects or other individuals
- Loss of control of the electric unicycle
- Equipment failure or malfunction
- Physical exertion leading to injury
- Road or terrain hazards
- Weather conditions
- Actions of other participants or bystanders

I understand that serious injury, permanent disability, or death may result from these activities. I freely and voluntarily assume all such risks.

2. RELEASE AND WAIVER OF LIABILITY

In consideration for being permitted to participate in EUC safety training, I hereby release, discharge, and hold harmless the following parties from any and all liability, claims, demands, actions, or causes of action arising out of or related to any loss, damage, or injury, including death, that may be sustained by me or my property in connection with participation in the

training:

- Electric Unicycle instructors, organizers, and affiliates
- Property owners or venues hosting the training
- Volunteers, sponsors, and insurers
- Any agents, employees, officers, or representatives of the above

This waiver applies whether the alleged liability arises from negligence, premises liability, product liability, or any other legal theory.

3. ASSUMPTION OF RESPONSIBILITY

I accept full responsibility for:

- Ensuring my own physical fitness to participate
- Wearing appropriate safety gear (including helmet, pads, and gloves)
- Following all safety instructions given by instructors
- Exercising caution and good judgment at all times

I understand that failure to follow safety protocols may increase the risk of injury and may result in dismissal from the training session without refund.

4. INDEMNIFICATION

I agree to indemnify and hold harmless the released parties against any claims, including attorney's fees, made by or on behalf of myself, my family, heirs, or estate arising from my participation or conduct in this training.

5. MEDICAL TREATMENT

I authorize EUC staff to secure emergency medical treatment for me in the event of injury or illness. I understand that I am solely responsible for any medical costs incurred.

6. SEVERABILITY AND JURISDICTION

If any portion of this agreement is held to be invalid, the remainder shall continue in full legal force and effect. This agreement shall be governed by the laws of the state/province/country in which the training occurs.

PARTICIPANT ACKNOWLEDGMENT AND SIGNATURE

I HAVE READ THIS AGREEMENT IN FULL. I UNDERSTAND IT AND AGREE TO BE BOUND BY ITS TERMS. I UNDERSTAND THAT BY SIGNING THIS DOCUMENT, I AM GIVING UP LEGAL RIGHTS, INCLUDING THE RIGHT TO SUE.

Participant Name (Print): _____

Signature: _____

Date: _____

Emergency Contact Name: _____

Emergency Contact Phone: _____

FOR PARTICIPANTS UNDER 18 YEARS OF AGE

This section must be completed by a parent or legal guardian.

Minor's Name: _____

Date of Birth: _____

I am the parent or legal guardian of the above-named minor. I have read and understand this waiver and consent to the minor's participation under the same terms.

Parent/Guardian Name (Print): _____

Signature: _____

Date: _____