WEST HALL

Axe Throwing Injury Waiver and Release of Liability

Participant Information:

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Acknowledgment of Risk:

I, the undersigned, understand that participating in axe throwing activities involves inherent risks, including but not limited to, physical injury or death. I acknowledge that I am voluntarily participating in this activity and assume all risks associated with it.

Release of Liability:

In consideration for being allowed to participate in axe throwing at West Hall, I hereby release and discharge West Auto and all subsidiaries, its owners, employees, and agents from any and all claims, demands, actions, or causes of action arising out of or related to any injury, loss, or damage that I may sustain while participating in this activity.

Medical Emergency:

I authorize West Hall to seek medical attention on my behalf in the event of an emergency.

Governing Law:

This waiver shall be governed by and construed in accordance with the laws of the state in which West Hall is located.

Signature:

By signing below, I affirm that I am of legal age and competent to sign this waiver. I have read and understood this document, and I agree to its terms.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_