

Vale Farmers and Crafters Association
A 501(c)3 non-profit
Viking Pillage and Plunder

Release of Liability
Read and complete the following

I, the undersigned individual, do hereby consent to my being a participant in the Viking Pillage and Plunder event. Listed below are all medical conditions that may be relevant to my participating in this event. In the event an emergency occurs, I may be reached at the telephone number(s) listed below. If I cannot be reached, I hereby authorize the Vale Farmers and Crafters Association to contact my listed emergency contact. If they cannot be reached I authorize the Vale Farmers and Crafters Association to make medical decisions for me.

I understand and hereby agree to assume all of the risks which may be encountered during said activity, including, but not limited to, activities preliminary and subsequent. I do hereby agree to hold the Vale Farmers and Crafters Association, and any and all participants, helpers, volunteers, and/or spectators, harmless from, and to indemnify for, any and all liability, actions, causes of actions, claims and expenses, including damages on account of injury to me, event injury resulting in death, or which may arise in the future in connection with my participation in the activity.

I am fully aware of the risks to myself and others associated with participation in the activity and use of facilities at the Viking Pillage and Plunder. These risks include damage to or loss of personal property, personal injury and in extreme cases, death.

I will comply with all instructions given to me by the Organizer's officers and volunteers and use any equipment as directed and not so as to hurt or injure others.

I am sufficiently fit and healthy to safely participate in the Viking Pillage and Plunder obstacle course and do not suffer from any medical condition which would adversely affect my ability to safely participate in all activities at the Viking Pillage and Plunder obstacle course.

If any portion of this release, waiver, and indemnity agreement is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect. The terms of this release are contractual and not a mere recital.

I further state that I have carefully read the foregoing release and know the contents thereof and I sign this release as my own free act. This is a legally binding agreement that I have read and understand.

Signature _____ Date _____

MEDICAL CONDITIONS OF WHICH TO BE AWARE

EMERGENCY CONTACTS AND TELEPHONE NUMBERS
