

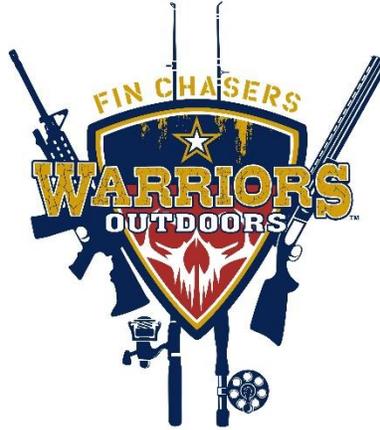
FinChasers Warriors Outdoors

www.warriorsoutdoors.org

EIN 87-4771611

144 Forest Oaks Drive

Hawley PA 18428



## **RELEASE OF LIABILITY AND ASSUMPTION OF RISK WAIVER**

**IMPORTANT: THIS IS A LEGAL DOCUMENT. PLEASE READ CAREFULLY BEFORE SIGNING.**

In consideration of being allowed to participate in any and all activities, events, or outings hosted, sponsored, or coordinated by Fin Chaser Warriors Outdoors (hereinafter referred to as "FCWO"), I, the undersigned participant (or parent/legal guardian if participant is under 18), acknowledge and agree to the following:

### **1. Acknowledgment of Risk**

I understand that participating in outdoor activities such as, but not limited to, fishing, boating, hiking, hunting, archery, travel, and related events involves inherent risks. These risks include, but are not limited to: injury, illness, property damage, encounters with wildlife, weather conditions, slips and falls, equipment failure, and other hazards. I voluntarily choose to participate in these activities and fully accept and assume all risks, both known and unknown, even if arising from the negligence of the Released Parties.

### **2. Release and Waiver**

I hereby waive, release, and discharge Fin Chaser Warriors Outdoors, its officers, directors, staff, volunteers, affiliates, sponsors, agents, and landowners (collectively referred to as "Released Parties") from any and all liability, claims, demands, causes of action, or expenses (including attorneys' fees) that I may have or may accrue in the future for any personal injury, illness, disability, death, or property

damage arising out of or in any way related to my participation in FCWO activities, whether caused by the negligence of the Released Parties or otherwise.

### **3. Medical Treatment**

I authorize FCWO representatives to obtain emergency medical treatment for me if deemed necessary. I understand and agree that I am responsible for all medical expenses incurred.

### **4. Personal Conduct**

I agree to follow all safety guidelines, rules, and instructions provided by FCWO staff or event leaders. I understand that failure to do so may result in my removal from participation.

### **5. Media Release**

I grant FCWO permission to use photographs, video, or other media of me taken during events for promotional, educational, or informational purposes in print, digital, or other formats, without compensation.

### **6. Governing Law and Severability**

This waiver shall be governed by the laws of the Commonwealth of Pennsylvania. If any part of this agreement is deemed invalid or unenforceable, the remainder shall remain in full force and effect.

### **7. Alcohol and Substance Policy**

I understand that the use or possession of alcohol or illegal substances is prohibited during all FCWO events unless specifically permitted by event organizers. I agree not to participate while under the influence of alcohol or drugs, and I understand that doing so may result in removal from the event and/or disqualification from future participation.

### **8. Firearms and Weapons Policy**

I understand that if firearms or other weapons are permitted for use during designated activities (such as hunting events), I will follow all applicable laws, safety instructions, and FCWO rules. I agree to handle all firearms responsibly and acknowledge that failure to comply with safety rules may result in

immediate dismissal from the activity and potential legal consequences.

### **9. Indemnification**

I agree to indemnify, defend, and hold harmless the Released Parties from and against any and all claims, actions, suits, procedures, costs, expenses, damages, and liabilities, including attorney's fees, brought as a result of my involvement in any FCWO activities and to reimburse them for any such expenses incurred.

#### **PARTICIPANT INFORMATION**

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

Phone: \_\_\_\_\_

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

Emergency Contact Name: \_\_\_\_\_

Emergency Contact Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_

Participant Signature (type or sign): \_\_\_\_\_

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

If participant is under 18:

Parent/Guardian Name: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

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