

			SK AND PARTICIPANT AGREEMENT	
			e programs, related events and activities of Alder Creek collectively referred to "ACKSI"),	
I,		, the u	ndersigned acknowledge, appreciate, and agree that:	
	ysis and death. While parti		elated events and activities is significant, including the potenti and personal discipline may reduce this risk, the risk of seriou	
NEGLIGENCE OF	"ACKSI" OR OTHERS, a	SSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE THERS, and assume full responsibility for my participation. My participation in these programs, y voluntary, and I elect to participate in spite of all risks; and,		
HOLD HARMLES agencies, sponsors, WITH RESPECT T	S "ACKSI", its officers, ovadvertisers and, if applicate OANY AND ALL INJUR	of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE, INDEMNIFY AND SI", its officers, owners, officials, agents and/or employees, volunteers, other participants, sponsoring ers and, if applicable, owners and lessors of premises used for the program, related events and activities AND ALL INJURY, DISABILITY, DEATH, or loss or damaged person or property, WHETHER GLIGENCE OF "ACKSI" OR OTHERS, to the fullest extent permitted by law.		
	hazard during my presence or participation, I will remove myself from participation and bring such to the attention of "ACKSI"			
where release may l		part of this agreement is	ms based upon negligence, but it does not extend to claims s declared to be unenforceable, then the remaining terms shall 's fees.	
	se: Alder creek reserves the omotional or commercial p		hic or film records of any "ACKSI" event or activity and to us	
UNDERSTAND ITS IT, AND SIGN IT FI	TERMS, UNDERSTA REELY, VOLUNTARI	ND THAT I HAVE (LY AND WITHOUT	IPTION OF RISK AGREEMENT, FULLY GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING FANY INDUCEMENT.	
Signature of Partic	cipant:	Print	t Name:	
Address:			Phone:	
City:	State:	Zip:	Date Signed:	
Join Our Email Lis	st:			
	FOR PARENTS/C	GUARDIANS' OF PA (Under age 18 at time	RTICIPANTS OF MINORITY AGE e of registration)	
as provided above of 'harmless "ACKSI" fro programs, related ever	'ACKSI", and for mysel om any and all liabilities	f, my heirs, assigns, ar incident to the minor IF ARISING FROM	or this participant, do consent and agree to his/her relead not next of kin, I release and agree to indemnify and hold child's involvement or participation in "ACKSI" THE OF "ACKSI", to the fullest extent permitted by la	
Signature of Parent/Guardia	ın:	Print Name:		
Address:		Minors Age:		
City, State and Zip Code	State and Zip Code Date Signed:		igned:	