

WAIVER AND RELEASE OF LIABILITY FORM

In exchange for and consideration of being permitted to participate in the physical skill demonstration hosted by Warrior Zone, LLC. I, the undersigned participant, HEREBY ASSUME ALL OF THE RISK OF PARTICIPATION IN ANY/ALL ACTIVITIES ASSOCIATED WITH THIS OUTDOOR/INDOOR PHYSICAL SKILL EVENT AND OBSTACLE COURSE, including by way of example and not limitation, any risk that may arise for negligence or carelessness on the part of the persons or entities being released, from dangerous or defective equipment or property owned, maintained, or controlled by them, or because of their possible liability without fault.

I certify that I am physically fit, have sufficiently prepared or trained for participation in this activity, and have not been advised to not participate by a qualified medical professional or otherwise. I certify that there are no health-related reasons or problems which preclude my participation in this activity.

I acknowledge that this waiver and release of liability form will be used by the Warrior Zone, LLC, event holders, sponsors, and organizers of the activity in which I may participate, and that it will govern my actions and responsibilities at said activity.

In consideration of my application and permitting me to participate in this activity. I hereby take action for myself, my executors, administrators, heirs, next of kin, successors, and assigns as follows:

(a) I WAIVE, RELEASE, AND DISCHARGE from any and all liability, including but not limited to liability arising from the negligence or fault of the entities or persons released, for my death, disability, personal injury, property damage, property theft, or actions including all sickness or death related to or in any way caused by COVID 19 and safety measures and precautions related thereto of any kind which may hereafter occur to me including my traveling to and from this activity, THE FOLLOWING ENTITIES OR PERSONS: Warrior Zone, LLC, and individually, John Holloman and wife, Ashley Holloman, and/or their directors, officers, employees, volunteers, representatives, and agents, and the activity holders, sponsors, and volunteers;

(b) I FURTHER SHALL IDEMNIFY, HOLD HARMLESS, AND PROMISE NOT TO SUE the entities or aforementioned individuals.

I acknowledge the Warrior Zone, LLC, is NOT responsible for the errors, omissions, acts, or failures to act of any party or entity conducting a specific activity on their behalf.

I acknowledge that this activity may involve a test of a persons physical and mental limits and carries with it the potential for death, serious injury, and property loss. The risk include but are not limited to, those caused by terrain, temperature, weather, condition or participants, equipment, defects in equipment, lack of hydration, and actions of other people including, but not limited to, participants, volunteers, monitors, sponsors, and/or producers of the activity. The risks are not only inherent to participants, but are also present for volunteers. I hereby agree to bring no claim whatsoever against the released parties on account of any injury or damage I may sustain while participating or attending this activity.

I hereby consent to receive medical treatment which may be deemed advisable in the event of injury, accident, and/or illness during this activity.

The Waiver and Release of Liability form shall be construed broadly to provide a release and waiver to the maximum extent permissible under North Carolina law.

I CERTIFY THAT I HAVE READ THIS DOCUMENT AND I FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT AND I SIGN IT OF MY OWN FREE WILL.

Participant's Signature _____ Date _____ Participant's Name _____ Age _____
(Please Print Legibly)
Email: _____ Phone: _____

Parent/Guardian Signature _____ Date _____
(IF under 18 years old, Parent or Legal Guardian must also sign)