



**PARTICIPANT AGREEMENT, LIABILITY RELEASE, AND ASSUMPTION OF RISK WAIVER**

**VIKING BRYTING, 3063 S Bodenbug Loop, Palmer, AK 99645**

Participant Name \_\_\_\_\_

DOB \_\_\_\_\_

School/Team \_\_\_\_\_ Grade \_\_\_\_\_

Parent/  
Guardian \_\_\_\_\_

Address \_\_\_\_\_ PH \_\_\_\_\_

Emergency Contact \_\_\_\_\_

Release of Liability, Waiver of Claims, Assumption of Risks, and Indemnity Agreement I understand that all extra-curricular activities have a certain degree of inherent risk, which includes known and unknown risks. I understand that many of these risks are essential to the activity and, therefore, cannot be eliminated. I understand that these risks include but are not limited to possible exposure to bacteria, viruses, or diseases; bodily injuries ranging from minor sprains and contusions, to major injuries including cuts, broken bones, concussions, spinal injuries, disfigurement, paralysis, illness, diseases, psychological injuries, or even death. I understand that an injury may impair the participant's future ability to earn a living, to engage in business, social, and recreational activities, and to generally enjoy life.

I understand that Viking Bryting will NOT assume any liability or responsibility for injury, illness, death, damages, losses, or costs that may occur or be incurred resulting from participation in this activity. By signing below, I acknowledge that participation in this activity is VOLUNTARY and that the participant and I are ULTIMATELY RESPONSIBLE for my/his/her own safety during participation in activities, including the use of facilities and equipment. I understand that primary accident and medical insurance coverage is my responsibility. In the event of an injury or illness related to participation in this activity, I give my consent for emergency treatment, hospitalization, or other medical treatment as may be deemed necessary by emergency medical personnel, hospitals, physicians and other medical providers.

IN CONSIDERATION FOR PERMISSION TO PARTICIPATE IN THIS ACTIVITY, I FOR MYSELF, THE PARTICIPANT, AND ANY HEIRS, SUCCESSORS, EXECUTORS, AND SUBROGEEES, KNOWINGLY, INTENTIONALLY, AND VOLUNTARILY WAIVE AND FOREVER RELEASE, INDEMNIFY AND HOLD HARMLESS VIKING BRYTING, ITS ADMINISTRATORS, TEACHERS, COACHES, AGENTS AND INSURERS, FROM ANY AND ALL CLAIMS OF LIABILITY FOR INJURY, ILLNESS, DEATH, DAMAGES, LOSSES, OR COSTS THAT MAY OCCUR OR BE INCURRED RESULTING FROM PARTICIPATION IN THIS ACTIVITY.

Having read the statements above and having understood the dangers and potential risks involved with participation, I hereby give my consent as an adult or emancipated minor participant or the parent/legal guardian of the participant, \_\_\_\_\_, to participate in the activity. I HAVE HAD SUFFICIENT OPPORTUNITY TO READ THIS ENTIRE DOCUMENT. I

HAVE READ AND UNDERSTAND IT, AND I AGREE TO BE BOUND BY ITS TERMS. By signing, I acknowledge that a court of law may determine that I have waived my right to maintain a lawsuit for any claim which I have released above.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

For Participants over the age of 18 years

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