

Liability Waiver for Family

I HEREBY ASSUME ALL OF THE RISKS OF PARTICIPATING IN ANY/ALL ACTIVITIES ASSOCIATED WITH THIS PROPERTY.

I agree to follow all posted rules and guidelines, and further agree to follow any oral instructions or directions given by Loudoun Field Center/Freedom Center or the employees, volunteers, representatives, or agents.

I certify that I am physically capable to participate in activities I choose to do and have not been advised to not participate in this activity by a qualified medical professional.

I certify that there are no physical, mental, or emotional health reasons or problems which preclude my participation in these activities.

I certify that I am skilled in the proper handling and operation of any and all equipment or tools which I, or any person accompanying me, bring to use.

In consideration of my application and permitting me to participate in recreational activities at the Loudoun Field Center/Freedom Center, I hereby take action for myself, my executors, administrators, heirs, next of kin, successors, and assigns as follows:

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 of any kind which may hereafter occur to me including my traveling to and from this activities, the following entity or persons: the Loudoun Field Center/Freedom Center, and/or their directors, officers, employees, volunteers, representatives, and agents;

Indemnify, hold harmless, and promise not to sue the entities or persons mentioned above from any and all liabilities or claims made as a result of participation in these activities, whether caused by the negligence of release or otherwise.

I acknowledge that the Loudoun Field Center/Freedom Center and their directors, officers, volunteers, representatives, and agents are not responsible for the errors, omissions, acts, or failures to act of any party or entity conducting or engaging in other activities on their behalf or independently, which may be occurring simultaneously during this activity.

I acknowledge that these activities may involve a test of a person's physical and mental limits and carries with it the potential for death, serious injury, and property damage or loss. The risks include, but are not limited to, those caused by terrain, facilities, temperature, weather, condition of participants, equipment, vehicular traffic, lack of hydration, and actions of other people including, but not limited to participants and volunteers.

I agree to pay for all damages to the facilities of the Loudoun Field Center/Freedom Center caused by any neglect, reckless or willful actions by me or any person who accompanies me. I hereby consent to receive medical treatment which may be deemed advisable in the event of injury, accident, and/ or illness during onsite activities.

Print Name of Participants (please indicate minor children)

Signature: _____ Date: _____

Print Name: _____