



Accident Waiver and Release of Liability

I, the undersigned, wish to participate in Different Area, Same Hunt (DASH), scheduled for 13 September 2009, in the city of Portland, Oregon.

I certify that I have adequately trained for this event and have not been advised against participating in the event by a qualified medical person.

I acknowledge that this event carries with it the potential for injury. The risks include, but are not limited to, those caused by terrain, facilities, temperature, weather, condition of players, equipment, vehicular traffic, and actions of others including—but not limited to—participants, bystanders, volunteers, or organizers of the event. **I hereby assume all risks of participating in this event.**

I understand that it is my responsibility to ensure that the environment in which I participate in the event is reasonably safe and secure for such participation. I agree and warrant that if, at any time during DASH, I feel anything to be unsafe, I will contact the organizers, and immediately leave the area and/or discontinue the unsafe activities.

I acknowledge that this Accident Waiver and Release of Liability form will be used by the event holders, sponsors, and organizers of the event, and that it will govern my actions and responsibilities at the event.

I hereby take action for myself, my executors, my administrators, my heirs, my next of kin, my successors, and my assigns as follows to:

- Waive, Release, and Discharge from any and all liability for my death, disability, personal injury, property damage, property theft, or actions of any kind which may hereafter occur to me, including my travel to and from the event, the FOLLOWING ENTITIES OR PERSONS: the DASH organizers, their directors, officers, volunteers, observers, representatives or agents, as well as those persons involved in the event.
- Indemnify and Hold Harmless the entities or persons mentioned above from any and all liabilities or claims made as a result of my participation in this event, whether caused by negligence of the releasees or otherwise.

I hereby consent to receive medical treatment that may be deemed advisable in the case of an injury, accident or illness during the event.

I understand that at this event or related activities, I may be photographed. I agree to allow my photo, video, or film likeness to be used for any legitimate purpose by the event holders, producers, sponsors, organizers, or assigns.

This Accident Waiver and Release of Liability shall be construed broadly to provide a release and waiver to the maximum extent possible under applicable law. If any portion of it is held to be invalid, I agree that the remaining terms shall continue to be in full legal force and effect.

By signing below, I certify I am over 18 years of age, have read this document, and understand its content:

Printed Name	Age	Signature	Date
Printed Name	Age	Signature	Date
Printed Name	Age	Signature	Date
Printed Name	Age	Signature	Date
Printed Name	Age	Signature	Date

Parents of Minors Sign Below

By signing below, I certify that I am the parent and/or natural guardian of the listed minor. I have read this document, understand its content, and agree to its provisions. I release, indemnify and hold harmless the parties listed above for any and all liability on behalf of the minor and his or her parents and/or legal guardian.

Minor's Name	Guardian's Name	Signature	Date
Minor's Name	Guardian's Name	Signature	Date
Minor's Name	Guardian's Name	Signature	Date