



**RELEASE OF LIABILITY, WAIVER OF RIGHT TO SUE, ASSUMPTION OF RISK
AGREEMENT TO PAY CLAIMS AND MEDICAL TREATMENT AUTHORIZATION**

Unit: _____ Date: _____

Hazards to be aware of: Participation in rehearsal and performance exposes the participant to the risk of injury or death. Injuries include death, serious neck and spinal injuries, paralysis, brain damage, injury to vital organs, bones, joints, muscles and tendons, heat injuries, psychological/emotional injuries, heat injuries, etc. Hazard mitigation (how to prepare for a safe activity): Follow instructor's instructions, come prepared for the activity, proper shoes and other standard equipment, proper warm up and stretching, drinking sufficient water, caution when participating, etc.

In consideration I, (Name) _____ will participate in the Unit named above, **I release Hundreds Unit, LLC or Hundreds Unit Foundation from liability and waive my right to sue Hundreds Unit, LLC or Hundreds Unit Foundation**, and their employees, officers, volunteers and agents from any and all claims, **including Hundreds Unit, LLC or Hundreds Unit Foundation negligence**, resulting in any physical injury, illness (including death) or economic loss that I may suffer because of my participation in this Unit, including any travel to and from the Activity.

I understand that there are risks, such as physical and/or psychological injury, pain, suffering, illness, disfigurement, temporary or permanent disability or even death, which may occur from my participation in this Unit. These injuries or outcomes may arise from my or other's actions, inactions, negligence, or from the condition of the Activity location(s) or facility(ies). **I agree to hold Hundreds Unit, LLC or Hundreds Unit Foundation harmless from any and all claims**, loss or damage to my personal property, liabilities and costs, including attorney's fees, as a result of my participation in this Activity, including travel to and from the Activity.

If I need medical treatment, Hundreds Unit, LLC or Hundreds Unit Foundation is authorized to obtain medical treatment for him/her. I will be financially responsible for any costs of such treatment. I agree that I will not hold Hundreds Unit, LLC or Hundreds Unit Foundation responsible for any claims resulting from any medical treatment. I am aware that Hundreds Unit, LLC or Hundreds Unit Foundation does not provide health insurance for the participants, and that any reliance on health insurance is my responsibility.

I am 18 years or older. I have read this document, and I am signing it freely. I understand the legal consequences of signing this document, including (a) releasing Hundreds Unit, LLC or Hundreds Unit Foundation from all liability, (b) waiver of my right to sue Hundreds Unit, LLC or Hundreds Unit Foundation, (c) and assumption of all risks of participating in this Unit, including travel to and from the Activity. I understand that this document is written to be as broad and inclusive as legally permitted by the State of California. I agree that if any portion is held invalid or unenforceable, I will continue to be bound by the remaining terms.

PARTICIPANTS NAME: _____ DATE: _____

SIGNATURE OF PARTICIPANT: _____