



**Assumption of Risk and Release of Liability
Form must be signed to participate**

Print participant name _____

Print name of group _____

Instructions: Please read this form carefully. Each participant must sign this form or you will not be allowed to participate. If you have questions about this form, please direct them to your trainer before signing.

I understand that my participation in programs offered by Team Effect, Inc. is based on the "Challenge by Choice" philosophy. I recognize that the program is designed to use engaging, teaching techniques, but that my participation is purely voluntary. At all times I will choose for myself my level of participation in any activity.

I understand that the activities in the program for which I have enrolled entail physical risks. Without trying to name them all, those risks include: increased heart rate, elevated blood pressure, strained or sprained muscles, fractured bones, partial or complete paralysis, heart attacks, psychological injuries, death, and potentially other serious injuries. **I choose to participate in spite of these risks.**

Therefore, I knowingly and voluntarily assume all risks involved in my participation, and do hereby release Team Effect, Inc., Ranch Management Associates (d/b/a "Rawhide Ranch"), its members, affiliates, officers, employees, independent contractors and agents from any and all liability, damages, costs and expenses arising out of or relating to bodily or psychological injury, loss of life or personal property that may occur as a result of participating in this program, regardless of the cause. Should I be injured during this training, I hereby authorize any medical care that is deemed in my best interest.

I furthermore agree to follow the instructor's safety and facilitation techniques as described and illustrated during the facilitation training in which I agree to participate. I understand that if I don't follow these techniques that I may be injured, be liable in the event of injury to other participants, and could be responsible for physical or emotional harm to my fellow participants. I also understand that even if I do follow these instructions, it is still possible that I could be injured or die.

I have read, understand and accept the terms and conditions described in this form and acknowledge that this agreement shall be effective and binding upon me (or any child I have authorized to participate) during the entire period of participation in the said program. I have informed Team Effect, Inc. trainers in writing on the reverse of this form of any relevant medical conditions that could effect my participation in this program. I am signing this form on my own free will and I am not under duress to sign this form.

I grant Team Effect, Inc. staff and persons acting through them, the rights to use, reproduce, assign, and/or distribute photographs, films, videotapes, and sound recordings of myself for use in materials they may create.

All information below is required

Signature of participant

Date

Parent or legal guardian must sign for those under 18 years of age

Date of Birth _____

Phone _____

Address

City

State

Zip

Person to be contacted in case of emergency:

Name: _____

Home Phone: _____

Business Phone: _____