

LIABILITY WAIVER

Liability Waiver: I (we), the undersigned, hereby acknowledge that I have been advised and am aware that there are certain elements of danger inherent in this activity that are beyond the control of the coordinators, directors, officers, agents, leaders, volunteers, servants, activity participants, and members of the investigative group and the **Atchison Area Chamber of Commerce**. Tonight's activities entail unavoidable risk and possible injury, death, or loss of property. In consideration of the above-named organizations and their directors, coordinators, officers, agents, leaders, volunteers, servants, activity participants, and members, I do hereby for myself and all who may hereafter claim through or for me, waive and release all future classes of action accorded in my favor as a result of personal injuries, loss of life or loss of property against the above described organizations or their representatives which I may suffer while participating and further hereby covenant and agree with this, that no suit or action at law shall be instituted for the above reasons by me or others in my behalf or in my right.

I know that injuries and damages can occur by natural causes or activities of other persons, either as a result of negligence or because of other reasons. I understand that risks of such injuries and damages are involved in investigations such as the one in which I am participating today and I appreciate that I may have to exercise extra care for my own person and for others around me in the face of such hazards. To the fullest extent allowed by law, I agree to **WAIVE, DISCHARGE CLAIMS, AND RELEASE FROM LIABILITY** the investigative team and the Atchison Area Chamber of Commerce, their officers, directors, employees, agents, leaders, volunteers, servants, activity participants, and members from any and all liability on account of, or in any way resulting from injuries and damages, even if caused by negligence of the investigative team and the Atchison Area Chamber of Commerce, their officers, directors, employees, agents, leaders, volunteers, servants, activity participants, and members, in any way connected with this activity. I further agree to **HOLD HARMLESS** the investigative team and the Atchison Area Chamber of Commerce, their officers, directors, employees, agents, leaders, volunteers, servants, activity participants, and members from any claims, damages, injuries, or losses caused by my own negligence while a participant in the activity. I understand and intend that this assumption of risk and release is binding upon my heirs, executors, administrators, and assignees. If I decide to leave early, I assume all risks inherent in my decision to leave and waive all liability against the investigative team and the Atchison Area Chamber of Commerce arising from that decision. In the event of an emergency, I authorize the investigative team and the Atchison Area Chamber of Commerce to secure from any licensed hospital, physician, and/or medical personnel any treatment deemed necessary for my immediate care and agree that I will be responsible for payment of any and all medical services rendered.

_____	_____	_____
NAME	STREET ADDRESS	EMAIL
_____	_____	_____
SIGNATURE	CITY/STATE/ZIP	DATE