## Waiver of Liability – Extreme Way of the Cross (EDK) Please carefully read and review this document before signing it.

Full Name of Participant:		
Street Address:		
City:	State:	Zip Code:
Date of birth MM/DD/YYYY:/	/	
Telephone:		
Email:		
Emergency Contact Name & Telephone:		
In consideration of the acceptance of my regis all of the organizers of the Extreme Way of the other affiliates of all claims and damages, dem injuries incurred, regardless of whether injurie participation in the EDK, any act or omission of circumstance or event whatsoever occurring of	e Cross in Bear Mountain nand and actions whatso es are caused by neglige of any kind by the organi	n, NY (hereafter known as EDK) and all bever, including financial responsibility for nce, in any manner arising out of my zers of EDK and any condition,
I acknowledge that I am personally responsible assume, on my own behalf, if any, all risk of in including all environmental and weather cond	jury or death due to any	
I furthermore acknowledge and understand the trained medical staff to assist participants dur or non-registrants of this event may offer or puthey are acting on their own initiative and not affiliates of EDK.	ing this event. This mean provide to me advice, ass	ns that the organizers, other participants, istance, treatment, care or aid, but that
I attest that I'm 21 years of age or older and the physically fit to participate in this event. Furth pictures, recordings, and any other record of the advertising of this event, without compensation	ermore, I hereby grant f this event for legitimate	ull permission to any and all of the purposes including marketing and
I declare that I have read, that I acknowledge have signed this document of my own free will rights to sue the organizers of EDK and all other while on EDK. I also understand that I may lead responsible for my own transportation at any	ll and with full understar er affiliates for damages ve this event at any time	nding that I may be giving up certain legal due to injuries which may occur to me a and of my own free will and that I am
Signature of Participant:		Date:
Signature of Parent or Guardian:(If participant is less than 21 years of age)		Date: