LANCASTER AXES LLC ACCIDENT WEAVER AND RELEASE OF LIABILITY FORM

I HEREBY ASSUME ALL OF THE RISKS OF PARTICIPATING IN ANY/ALL ACTIVITIES ASSOCIATED WITH THIS EVENT, Including by way of example and not limitation, any risks that may arise from negligence or carelessness on the part of the persons or entities being released from dangerous or defective equipment or property owned, maintained, or controlled by them, or because of their possible liability without fault.

I certify that I am physically fit, have sufficiently prepared or trained for participation in this activity, and have not been advised to not participate by a qualified medical professional. I certify that there are no health-related reasons or problems that preclude my participation in this activity.

I acknowledge that this Accident Weaver and Release of Liability Form will be used by the event holders, sponsors, and organizers of the activity in which I may participate, and that it will govern my actions, and responsibilities at said activity.

In consideration of my application and permitting me to participate in this activity, I hereby take action for myself, my executors, administrators, heirs, next of kin, successors and assigns as follows:

- (A) I WAVE, RELEASE, AND DISCHARGE from any and all liability, including but not limited to liability arising from the negligence or fault of the entities or persons released, for my death, disability ,personal injury, property damage, property theft or actions of any kind which may hereafter occur to including my traveling to and from this activity. THE FOLLOWING ENTITIES OR PERSONS: Lancaster Axes, LLC; AD RUFF LLC, and their directors, owners, officers, employees, managers, volunteers, representatives and agents, and the activity holders, sponsors and property.
- (B) INDEMNIFY, HOLD HARMLESS, AND PROMISE NOT TO SUE the persons or entities mentioned in paragraph (A) from any and all liabilities or claims made as a result of participation in this activity, whether caused by the negligence or release or otherwise. I acknowledge that Lancaster Axes LLC, and their owners, directors, officers, volunteers, representatives, and agents are NOT responsible for the errors, omissions, acts, or failures to act of any party or entity, conducting a specific activity on their behalf.

I acknowledge that this activity may involve a test of a person's physical mental limits and carries with it the potential for death, serious injury, and property loss. The risks include but are not limited to those caused by terrain, facilities, temperature, weather, condition of participants, equipment, vehicular traffic, lack of hydration, and actions of other people including but not limited to, participants, volunteers, monitors, and/or producers of the activity. These risks are not only inherent to participants but are also present for volunteers.

I hereby and consent to receive medical treatment that may be deemed advisable in the event of injury, accident, and/or illness, during this activity.

I understand that while participating in this activity, I might be photographed. I agree to allow my photo, video, or film likeness, to be used for any legitimate purpose by the activity holders, producers, sponsors, organizers, and assigns.

The Accident Weaver and Release of of Liability Form shall be construed broadly to provide a release and waiver to the maximum extent permissible under applicable law.

I CERTIFY THAT I HAVE READ THIS DOCUMENT AND I FULLY UNDERSTAND ITS CONTENT. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT AND I SIGN IT OF MY FREE WILL.

Participant Name	Date	Participant's Signature
	nsent to and, by signing below,	OR : I am the parent or legal guardian of the minor named, I hereby do consent to the terms and conditions of this
Parent or Legal Guardian (Print I	Name):	Date
Witness Signature:		Date