



Hood Canal Events LLC. (H.C.E) Liability Waiver Form  
PARTICIPANT RELEASE OF LIABILITY AND ASSUMPTION OF  
RISK AGREEMENT

SELKIE SPLASH – ALDERBROOK RESORT & SPA 2017

Please read carefully.

In consideration of being allowed to participate in any way in the outdoor activities provided through Hood Canal Events LLC. In the Hood Canal area of Washington State, its related events and activities,

I, \_\_\_\_\_ (name) the undersigned, acknowledge, appreciate, and agree that: 1. The risk of injury from the activities involved in this program is significant, and while particular skills, equipment and personal discipline may reduce the risk, the risk of serious injury and death does exist; and,

2. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume full responsibility for my participation; and 3. I willingly agree to comply with the stated and customary terms and conditions for participation. If, however, I observe any unusual significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the Company immediately; and

4. I, for myself and on behalf of my heirs, assign, personal representatives and next of kin, HEREBY RELEASE, INDEMNIFY, AND HOLD HARMLESS HOOD CANAL EVENTS LLC., their officers, officials, members, agents and/or employees, other participants, sponsoring agencies, sponsors, advertisers, and, if applicable, owners and lessors of the premises used for the activity ("Releasees"), WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person or property associated with my presence or participation, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEE OR OTHERWISE to the fullest extent permitted by law.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

Finally, I hereby irrevocably consent to authorize Hood Canal Events LLC. to use and reproduce any and all photographs and videos taken of me for any purpose whatsoever, without further compensation to me. All such photographs and videos, including negatives and the like are solely the property of Hood Canal Events LLC.

PLEASE COMPLETE PARTICIPANT CONTACT INFORMATION:

Name \_\_\_\_\_ Mailing  
address \_\_\_\_\_  
\_\_\_\_\_ City \_\_\_\_\_  
State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

Please provide your email to receive E-News and special promotions.

Email \_\_\_\_\_

Participant's Signature \_\_\_\_\_ Age \_\_\_\_\_ Date  
Signed \_\_\_\_\_

FOR PARENTS/GUARDIANS OF PARTICIPANTS OF MINORITY AGE (UNDER AGE OF 18 AT TIME OF REGISTRATION)

This is to certify that I, as legal parent/guardian with legal responsibility for this participant, do consent and agree to his/her release as provided above of all the Releasees, and, for myself, my child and our heirs, assigns, and next of kin, I release and agree to indemnify and hold harmless the Releasees from any and all liabilities incident to my minor child's involvement or participation in these programs as provided above, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES, to the fullest extent permitted by law.

Parent/Guardian's Signature \_\_\_\_\_ Print Name  
\_\_\_\_\_ Date Signed  
\_\_\_\_\_