Name of participant:
Date(s) of participation:

Release of Liability / Agreement Not To Sue

This document affects your legal rights, please read it carefully

I _____AM AWARE THAT SURFING, BODY BOARDING AT THE BEACH, SNOWBOARDING AND SKIING INCLUDE CERTAIN RISKS, INCLUDING BUT NOT LIMITED TO THE RISKS OF SERIOUS INJURY OR DEATH. I AM VOLUNTIRILY PARTICIPATING IN THIS ACTIVITY AND /OR
INSTRUCTION WITH THE KNOWLEDGE OF DANGERS INVOLVED AND I HEREBY AGREE TO ACCEPT FULL RESPONSIBILITY FOR THE RISK INVOLVED.
PLEASE INITIAL_____.
IN CONSIDARATION OF BEING AND PARTICIPATING IN THE ACTIVITIES OF THE FREEEDOM ORGANIZATION:

1. I agree that I will not sue or otherwise make any claim against the Freedom Organization , any of its sponsor/ providers ,or their employees , agent and constructors for any loss , injury or damage resulting from participation in snowboarding or/and skiing activities .

2. I agree that the Freedom Aop, Inc. any of its other sponsor /providers and their employs, agents and contractors, shall not be legally responsible for any loss and injury or damage resulting from any cause, including negligence of any party .

3. I agree that the participation at any of the freedom events will be under and according to the rules of the instructors and event manager and any other of Freedom Aop, Inc. sponsor/provider.

4. I agree that any equipment which I provide or may borrow or rent from Freedom or any other sponsor /provider during this event, I will use at my own risk. I understand and agree that Freedom and any other sponsor /provider shall not be liable for any loss, damage or injury resulting from the use or suitability of said equipment. Freedom Aop, Inc. and any other sponsor/provider make no warrantees of any kind regarding this equipment.

5. To the fullest extent allowed by law I agree to RELEASE, INDEMNIFY AND HOLD HARMLESS FREEEDOM Aop, Inc. any other sponsor /provider their employees, agents and constructors from all action and claims from my self ,my heirs or personal representatives for any loss ,injury , damage resulting from my participating in, Snowboarding, or/and skiing activities, including the use any equipment .

6. I understand that this event or related activities I may be photographed by Freedom Aop, Inc. I agree to allow my photo, video, or film likeness or reproduction thereof made though any media, including any electronic media , to be copyrighted and used for any legitimate purpose by Freedom Aop, Inc.or its assigns . To the fullest extent allowed by law I hereby waive any rights of publicity or privacy that I may have in my name or likeness.

7. The terms of this RELEASE shall also be binding as to any other persons, including all family members, heirs, executors or administrators, and including any minors which may accompany me. I understand this is the binding contract that supersedes any other agreement or representation and is intended to provide a comprehensive release which is prohibited by low .if any part of this release is deemed unenforceable, all other parts shall be given full force and effect.

8. I am legally competent to sign this RELEASE or my parent or guardian has also read and signs this RELEASE.

I have carefully read and fully understand this agreement, and I am aware that by signing this agreement I am waving certain legal rights, including the rights to sue. I sign this release agreement of my own free will.

DATE: _____

Signature of participant: _____

Parent or Legal Guardian
If I am signing on the behalf of the minor ,in addition to the above ,I also agree to RELEAS , hold harmless and indemnify freedom ,any of its sponsor/provider , and their employees ,agents and contractors for any claim of the minor regarding snow activities with Freedom Aop, Inc . I agree to be
responsible for any medical expenses incurred by the minor.

Signature of parent or legal guardian : _____
(Required: if participant is under 18 years old)

Additional info :
Emergency phone no : _____

Freedom Aop, Inc.
Health & Information Sheet

Surfing, snowboarding, skateboarding and Kayaking can be strenuous and offer exercise of a different nature than most participants are used to. If you have questions regarding your participation please ask. We request the following information so that we can better meet your needs ensuring your enjoyment.

AGE_____ HEIGHT_____ WEIGHT_____

Please check all items below that may apply to your past or present medical history

YES NO

_____ _____ Allergies (list)_____
_____ _____ Diabetes
_____ _____ Heart disease
_____ _____ Epilepsy
_____ _____ Asthma
_____ _____ High blood pressure
_____ _____ Back problems
_____ _____ Dislocations
_____ _____ Do you get cold easily?
_____ _____ Do you smoke?
_____ _____ Are you allergic to any medications?(list)_____
_____
_____ _____ Has your physical activity been restricted during the past five years?(explain)

Signature_____Date_____

Parent or Guardian (if under 18)_____

HELMET SIZE : Youth S M L Unisex: S M L