



1001 SHOOTING STAR CT
P.O. 236
ROBARDS, KY. 42452

WAIVERS, RELEASES and AGREEMENTS

Express Waiver and Release of Liability

I, _____ in consideration of **BIAC** granting me, or the minor participant named, permission to participate in activities at BIAC, its related events and activities, the undersigned hereby acknowledges and agrees that:

1. The risk from injury from the activities involved in this program is significant, including the potential for permanent paralysis and death, and while particular rules, equipment and personal discipline may reduce this risk, the risk of serious injury does exist; and,
2. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN ARISING FROM THE NEGLIGENCE OF BIAC and others, and assume full responsibility for my participation; and 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 bring such to the attention of the nearest BIAC official immediately; and,
3. I for myself or on behalf of the named minor child, and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE, INDEMNIFY, DEFEND AND HOLD HARMLESS, BIAC, its officers, employees, Independent Contractors, Affiliates, and if applicable, owners and lessors of premises (the "Releasees") used to conduct BIAC events, WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss of damage to my person or property, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE, TO THE FULLEST EXTENT PERMITTED BY LAW.

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

Photography Release

Participants may on occasion be photographed during activities at the BIAC facility. The undersigned hereby consents to the use of these photographs, without compensation, payment or reimbursement, by BIAC on its web site or in commercial capacity or in any materials produced and/or published by BIAC.

Signature and Consent to Waivers, Releases & Agreements

To be completed and signed by parent/guardian if applicant is under 18 years of age

I am the participant and am 18 years of age or older. I am the parent or legal guardian of the participant. I have carefully read this Waiver, Release, and Agreement and fully understand and consent to its terms. I have investigated the risks involved in participation in the program and fully understand and assume such risks in accordance with this agreement. I am aware that this is a release of liability and a contract between BIAC and myself and sign it of my own free will.

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|------------------------------------|-------------------------|
| Printed Name: _____ | Birthdate: _____ |
| Street Address: _____ | Phone: _____ |
| City, State & Zip _____ | E-mail: _____ |
| Signature: _____ | Date: _____ |