



THE LONGEST WALK

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

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

In consideration of my application 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 WAIVE, 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 me including my traveling to and from this activity, THE FOLLOWING ENTITIES OR PERSONS: **The Longest Walk** and/or their directors, officers, employees, volunteers, representatives, and agents, and the activity holders, sponsors, and volunteers;
- (B) **INDEMNIFY, HOLD HARMLESS, AND PROMISE NOT TO SUE** the entities or persons mentioned in this paragraph from any and all liabilities or claims made due to participation in this activity, whether caused by the negligence of release or otherwise.
- (C) **CONFIDENTIALITY AND NON-DISPARAGEMENT**
As a condition of participating in the event, I agree not to make any disparaging remarks about the event or any persons or entities mentioned in this paragraph or participating in the event. Notwithstanding the above, nothing in this provision shall prevent or prohibit me from testifying in any legal proceeding or cooperating in good faith in any governmental investigation or action or making any report required by law.
- (D) **ALCOHOL AND DRUGS**
Anyone may be removed from the walk at any time, at their own expense, if they are under the influence of illegal drugs or alcohol.

I acknowledge that **Longest Walk**, and its 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 and mental limits and carries 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 inherent to participants and are also present for volunteers.

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

I understand while participating in this activity, I may 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 Waiver and Release 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 OWN FREE WILL.

Print Full Name

Signature

Date