

**Serenity Ranch Events
1881 Art School Rd
Chester Springs, PA**

Assumption of Risk and Waiver:

I hereby affirm and acknowledge that I am fully informed of the inherent hazards and risks associated with participating in events on a farm/ranch indoor and outdoor setting. Inherent hazards and risks of injury include but are not limited to:

1. Portions of this event may take place outdoors and therefore includes risks associated with exposure to elements such as excessive heat, hypothermia, the impact of the body with the ground, encountering unknown objects, or airborne particles either natural or man-made, and exposure to animals/insects.
2. Fainting, slips, falls, or other unintended loss of balance or bodily movement related to indoor and outdoor spaces terrain or any equipment which may cause muscular, neurological, orthopedic, or other bodily injuries; as well as a variety of other possible occurrences any one of which could conceivably, however rare, may cause permanent impairment, disfigurement, disability or death.
3. My own negligence and/or the negligence of others, including but not limited to an error of judgment or decision making involving terrain, weather, trails, and route location.
4. Fatigue, chill and/or dizziness, which may diminish my ability, reaction time, and increase the risk of injury or accidents.
5. I acknowledge all such risks are known and understood by me.
6. In the event of an illness, injury, or medical emergency arising during the event I hereby authorize and give my consent to the Event Director/Manager to secure from any accredited hospital, clinic, and/ or physician any treatment deemed necessary for my immediate care.
7. I agree that I will be fully responsible for payment of any and all medical services and treatment rendered to me including but not limited to medical transport, medications, treatment, and hospitalization.
8. You are strongly advised to always consult your physician before participating in any strenuous activity or event. Consent to voluntarily engage in this event with or without my physician's knowledge.

ACTIVITY RELEASE OF LIABILITY, WAIVER OF CLAIMS, EXPRESS ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT

In consideration of being permitted to participate in the activities described above, I agree, acknowledge, and appreciate that:

1. I HEREBY RELEASE AND HOLD HARMLESS WITH RESPECT TO LIABILITY ANY AND ALL INJURY, DISABILITY, DEATH or loss or damage of person or property, WHETHER CAUSED BY NEGLIGENCE OR OTHERWISE, SBD Consulting and Advisory Services, LLC its owners, administrators, directors, agents, employees, volunteers, officers, any sponsors, advertisers, and the owners and lessors of the premises on which the activity takes place (each considered one of the "Releasees" herein).
2. To release the Releasees from liability and responsibility whatsoever and for any claims or cause of action that I, my estate, heirs, survivors, executors, or assigns may have for personal injury, property damage, or wrongful death arising from the above activities whether caused by active or passive negligence of the Releasees or otherwise.
3. By executing this document, I agree to hold the Releasees harmless and indemnify them in conjunction with any injury, disability, death, or loss or damage to person or property that may occur as a result of engaging in the above activities.
4. By entering into this Agreement, I am not relying on any oral or written representation or statements made by the Releasees other than what is set forth in this Agreement. I recognize, intend, and understand that this release is binding on my heirs, executors, administrators, or assignees.

This Agreement shall be binding to the fullest extent permitted by law. If any provision of this Agreement is found to be unenforceable, the remaining terms shall be enforced.

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

I ACKNOWLEDGE AND AGREE TO ASSUME ALL RISKS. IF YOU UNDERSTAND AND COMPLETELY AGREE, Adult SIGNATURE HERE:

Photo Release: Check Yes: _____ OR No: _____

I grant permission to all the foregoing to use my name, voice, and images of myself in any photographs, motion pictures, results, publications, or any other print, video graphic, or electronic recording of this event for legitimate purposes.

I acknowledge that I have read this document in its entirety.

IF CORRECT AND YOU UNDERSTAND AND AGREE, ADULT SIGNATURE HERE:

PRINT NAME OF PARTICIPANT: _____

Address: _____

City: _____ State: _____

ZipCode: _____

Phone: _____

Email: _____

Date of Birth: _____

School/Team: _____

Emergency Contact Name: _____

Emergency Phone: _____

Have you consulted with your physician before starting an exercise program? _____

SIGNATURE OF ADULT PARTICIPANT OR PARENT/LEGAL GUARDIAN IF PARTICIPANT IS under 18 years of age:

PRINT NAME OF PARENT/LEGAL GUARDIAN:

Date: _____