



### Waiver, Release and Indemnification Agreement

I \_\_\_\_\_ (Hereafter referred to as Participant) am voluntarily participating in \_\_\_\_\_ (\_\_\_\_\_) on \_\_\_\_\_. (Activity) Participant agrees to release, protect, defend, indemnify and hold **Northwest Flyers track Club Inc. (Hereafter referred to as “NW Flyers”)** a **Texas Non-Profit Organization with its corporate address being 7010 Centre Grove Drive, Houston, TX 77069, or it’s Director, Event Organizer, it’s corporate affiliates, employees, contractors, vendors, officers, agents, sponsors, family members, volunteers or representatives of any kind (collectively “Releasees”)** harmless from and against any and all claims, demands, causes of action and costs (including reasonable attorney’s fees and associated legal expenses) arising out of or pertaining to operations, participation and any and all interactions in Activities, for any Physical injuries, Mental injuries, loss of, damage to or loss of use of said Participant’s own equipment and materials, without regard to the cause or causes thereof, or to the fault or negligence, either active or passive, of NW Flyers or a third party (including, without limitation, the fault or negligence, to any degree, of NW Flyers or third party)

**I expressly assume any and all risks of injury or death arising from or relating to Activities and waive and release any and all actions, claims, suits or demands of any kind or nature whatsoever against NW Flyers or it’s Director, Event Organizer, it’s corporate affiliates, employees, contractors, vendors, officers, agents, sponsors, family members, volunteers or representatives of any kind (collectively “Releasees”) arising from or relating in any way to my voluntary participation in the Activities. I understand that this Waiver, Release and Indemnification Agreement means, among other things, that if I am injured or die as a result of my participation in any of the Activities, I or my family or heirs cannot under any circumstances sue Releasees or any of them for damages relating to or caused by my injuries or death. I agree to indemnify Releasees or any of them, and their subrogees, if any, in the event of any loss, damage or claim arising from or relating in any**

**way to my participation in any of the Activities. I understand and agree that I would not have been permitted to participate in any of the Activities had I not executed this Waiver, Release and Indemnification Agreement.**

**In event of an emergency, I hereby authorize a leader of this activity, as an agent for me, to consent to: any x-ray examination; medical, dental or surgical diagnosis; treatments; or hospital care advised and supervised by a physician, surgeon or dentist (as appropriate) licensed to practice under the laws of the state where services are rendered, either at a doctor's office or in a hospital. I expect that my family will be contacted as soon as possible. I have read this Waiver, Release and Indemnification Agreement, have asked and received answers to any questions I had concerning it's meaning, and execute it freely, without duress, and in full and complete understanding of its legal effect, and of the fact that it may affect my legal rights.**

**I have read and understand this Waiver, Release and Indemnification Agreement, and consent as a Participant or the legal representative of Participant legally able to bind him or her to its terms.**

**Date:** \_\_\_\_\_

**Signature of Parent / Legal Guardian:**

\_\_\_\_\_

**Print Name:** \_\_\_\_\_

**On Behalf of Athlete (or self):** \_\_\_\_\_

**Emergency Information (please print):**

**Person to Notify:** \_\_\_\_\_

**Emergency Phone #** \_\_\_\_\_

**Address:** \_\_\_\_\_

\_\_\_\_\_

**Street City/State Zip**

**Medical Info we should know:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Insurance Company Name** \_\_\_\_\_

**Policy #** \_\_\_\_\_

**Address** \_\_\_\_\_

**Phone #** \_\_\_\_\_