



WAIVER & PERMISSION FORM

In consideration of me and/or my child, spouse or ward's participation in any way in any **Arkansas Freedom Fund, Inc.** program, event, or related activity (collectively, the "Event"), wherever the Event may occur, I agree to assume the risks incidental to such participation (which risks may include, among other things, muscle injuries and broken bones). I acknowledge that, if present at the Event, I have or will inspect the facilities and equipment to be used in conjunction with the Event and, if I believe any unsafe condition exists, I will immediately advise an Event official of such condition and will refuse participation until such condition is corrected. On my own and/or my child, spouse or ward's behalf, and on behalf of my and/or my child, spouse or ward's heirs, executors, administrators, and next of kind, I hereby release, covenant not to sue, and forever discharge the Released Parties (as defined below) of and from all liabilities, claims, actions, damages, costs or expenses of any nature arising out of or in any way connected with me and my child, spouse, or ward's participation in the Event and/or any such activities, and further agree to indemnify and hold each of the Released Parties harmless from and against any and all such liabilities, claims, actions, damages, costs, or expenses, including, but not limited to, all attorneys' fees and disbursements up through and including any appeal. I understand that this release and indemnity includes any claims based on the negligence, action or inaction of any of the Released Parties and covers bodily injury (including death), property damage, and loss by theft or otherwise, whether suffered by me or my child, spouse or ward either before, during or after such participation. I declare that I and (if participating) my child, spouse or ward are physically fit and have the skill level required to participate in the Event and/or any such activities. I further authorize medical treatment for myself and/or my child, spouse or ward, at my cost, if the need arises. I also understand that my child, spouse or ward or I may be required to leave the Event venue should my child, spouse or ward or I exhibit undesirable conduct. For the purposes hereof, the "Released Parties" are the **Arkansas Freedom Fund, Inc. (AFF Inc.)**, and its parent, subsidiary, affiliated or related companies; all Event sponsors or charities, and each of their respective parent, subsidiary, affiliated or related companies; and the officers, directors, employees, agents, representatives, successors, assigns and volunteers of each of the foregoing entities.

I further grant the Released Parties the right to photograph and/or videotape me and/or my child or ward and further to display, use and/or otherwise exploit my and/or my child's, wife's or ward's name, face, likeness, voice, and appearance forever and throughout the world, in all media, whether now known or hereafter devised, throughout the universe in perpetuity (including, without limitation, in on line webcasts, television, motion pictures, films, newspapers, and magazines) and in all forms including, without limitation, digitized images, whether for advertising, publicity, or promotional purposes, or for any other purpose whatsoever, without compensation, reservation or limitation. The Released Parties are, however, under no obligation to exercise any rights granted herein.

This Waiver and Permission Form shall be governed by the laws of the State of Arkansas, and any legal action related to or arising out of this Waiver and Permission Form shall be commenced exclusively in the State of Arkansas, and I specifically waive the right to trial by jury. I certify that I am 18 years of age or older, that I have read the above Waiver and Permission form in its entirety, and I understand that I have given up substantial rights on behalf of myself, or on behalf of my child, spouse or ward if I am executing this Waiver and Permission Form on behalf of my child, spouse, or ward.

Participant Name
(Please Print)

Parent or Guardian Name
(Please Print if Applicable)

Emergency Phone Number

Date

Adult Signature Required

(Participant, Parent, or Guardian)