

**RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND
INDEMNITY AND PARENTAL CONSENT AGREEMENT
("AGREEMENT")**

IN CONSIDERATION of being permitted to participate in any way in the Survival Courses and Classes activity ("Activity") I, for myself for personal representatives, assigns, heirs, and next of kin:

1. I ACKNOWLEDGE, agree, and represent that I understand the nature of Survival Courses and Classes Activities and that I am qualified , in good health, and in proper physical condition to participate in such Activity. I further agree and warrant that if at any time I believe conditions to be unsafe, I will immediately discontinue further participation in the Activity.
2. I FULLY UNDERSTAND THAT: (a) Survival Courses and Classes ACTIVITIES INVOLVE RISKS AND DANGERS OF SERIOUS BODILY INJURY, INCLUDING PERMANENT DISABILITY, PARALYSIS, AND DEATH ("RISKS"); (b) these Risks and dangers may be caused by my own actions or inaction's, the actions or inaction's of others participating in the Activity, the condition in which the Activity takes place, or THE NEGLIGENCE OF THE "RELEASEES" NAMED BELOW; (c) there may be OTHER RISK AND SOCIAL AND ECONOMIC LOSSES either not known to me or not readily foreseeable at this time; and I FULLY ACCEPT AND ASSUME ALL SUCH RISKS AND ALL RESPONSIBILITY FOR LOSSES, COSTS, AND DAMAGES I incur as a result of my participation or that of the minor in the Activity.
3. I FULLY UNDERSTAND that all activities I participate in are for informational and educational purposes only and are not to be relied upon in a true Survival Situation. I understand that some of the information I receive may be deemed criminal or illegal in nature and is for informational purposes only and that School of Self Reliance LLC and its owners/members are in no way advocating, supporting, or coercing criminal or illegal activities or actions to be taken by me. I also understand that by taking these classes in no way makes me an expert in Survival Situations and that all actions taken by me are of my own decision, and that I am of sound mind and body when I make these decisions regarding my own personal safety, health, and well being, as well as that of my family members or of strangers if I so choose to apply the Survival Courses and Classes information I have received. I understand that further educational and/or training may be required. I understand that in the future, should I choose to apply the information I have learned, that I may be faced with situations that could bring harm to myself, my family members, or to strangers, as well as property damage or financial loss and that all consequences of my actions are solely my responsibility and I may not hold my instructors, School of Self Reliance LLC, or any of the named below liable:
4. I HEREBY RELEASE, DISCHARGE, AND COVENANT NOT TO SUE, PRESS CIVIL OR CRIMINAL CHARGES AGAINST School of Self Reliance LLC, their respective administrators, directors, agents, officers, members, volunteers, and employees, other participants, any sponsors, advertisers, and, if applicable, owner and lessors of premises on which the Activity takes place, (each considered one of the "RELEASEES" herein) FROM ALL LIABILITY, CLAIMS, DEMANDS, LOSSES, OR DAMAGES ON MY ACCOUNT CAUSED OR ALLEGED TO BE CAUSED IN WHOLE OR IN PART BY THE NEGLIGENCE OF THE "RELEASEES" OR OTHERWISE, INCLUDING NEGLIGENT RESCUE OPERATIONS AND I FURTHER AGREE that if, despite this RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT I, or anyone on my behalf, makes a claim against any of the Releasees, I WILL INDEMNIFY, SAVE, AND HOLD HARMLESS EACH OF THE RELEASEES from any litigation expenses, attorney fees, loss, liability, damage, or cost which may incur as the result of such claim.

I HAVE READ THIS AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT AND HAVE SIGNED IT FREELY AND WITHOUT INDUCEMENT OR ASSURANCE OF ANY NATURE AND INTEND IT TO BE A COMPLETE AND UNCONDITIONAL RELEASE OF ALL LIABILITY TO THE GREATEST EXTENT ALLOWED BY LAW AND AGREE THAT IF ANY PORTION OF THIS AGREEMENT IS HELD TO BE INVALID THE BALANCE, NOTWITHSTANDING, SHALL CONTINUE IN FULL FORCE AND EFFECT.

Printed Name of Participant: _____

Address: _____(Street) (City) (State)(Zip)

Phone: _____

Participant's Signature (only if age 18 or over):

Date: _____

Accepted by: Print _____ Position _____

Signature _____

School of Self Reliance LLC
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