**INSERT YOUR LOGO HERE**

**PARTICIPANT WAIVER, RELEASE, ASSUMPTION OF RISK, AND INDEMNIFICATION AGREEMENT.**

This waiver, release, assumption of risk & indemnification agreement(“Release”) is executed by,

Your First and Last Name (“Participant”)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

First Name Last Name

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Participant Date Email Address

The release is pertaining to **INSERT COMPANY NAME**, a **INSERT STATE** based **INSERT TYPE OF COMPANY** (IE Corp, S-Corp, LLC etc.) located at **INSERT STATE AND ADDRESS** and the axe throwing and other “Attractions” at **INSERT YOUR COMPANY NAME**.

**General Release**

I acknowledge and agree that this release covers and is intended to release and provide other benefits, legal protections, and considerations to **INSERT COMPANY NAME**, its agents, owners, officers, managers, shareholders, affiliates, volunteers, participants, employees, assigns, and all other persons or entities acting in any capacity on its respective or collective behalf.

I acknowledge and agree that the use of the axe throwing attraction, or observation of others using the axe throwing attraction has inherent and obvious dangers. These risks include serious physical, or emotional injury, paralysis, death, damage to myself and/or third parties, and may include damage to personal property of any or all such persons. I understand that these risks are inherent in the essential qualities of the activities and cannot just be removed without substantially changing the activity. I further agree that this activity is for recreations purposes and completely voluntary.

I agree to use the axe throwing attraction in a safe and responsible manner. Further, I agree and understand that participant in the axe throwing attraction while under the influence of drugs, prescription or illegal, and/or alcohol significantly increases the above risks and I assume any risk of participating while under the influence of any drugs and/or alcohol.

BY SIGNING THIS DOCUMENT, I REPRESENT THAT I HAVE CAREFULLY READ THIS RELEASE AND UNDERSTAND IT TO BE A RELEASE OF ALL CLAIMS, CAUSES OF ACTION FOR MY LOSS, DAMAGE, OR INJURY INCLUDING DEATH, WHETHER OR NOT KNOWN OR ANTICIPATED, THAT OCCUR WHILE PARTICIPATING IN THE ATTRACTIONS. I FUTHER UNDERSTAND AND AGREE TO INDEMNITY TRIPLE SHIFT ENTERTAINMENT LLC, ITS OWNERS, TRUSTEES, OFFICERS, EMPLOYEES, AND AGENTS FOR ANY LAIBILTIY FOR ANY INJURY, DAMAGE OR LOSSES OF ANY KIND BY MY NEGLIGENCE OR INTENTIONAL ACTS WHILE PARTICIPATING IN AXE THROWING **INSERT COMPANY NAME.** THE SIGNATURE BELOW IS PROOF OF MY INTENTION TO EXECUTE A COMPLETE AND UNCONDITIONAL WAIVER, RELEASE, AND INDEMNIFICATION OF ALL LIABILITY TO THE FULL EXTENT OF THE LAW.

Your Signature

Please fill in your address

**Disclaimer**

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