

**** The following waiver will be completed at Orientation. This preview of the form is for informational purposes only. ****

Apex Peak Academy

Release, Waiver of Liability, and Indemnification Agreement

PLEASE READ CAREFULLY BEFORE MAKING A DECISION WHETHER TO SIGN

I, _____, in consideration of being permitted to participate in the Town of Apex Peak Academy, hereby acknowledge and agree as follows:

- I understand that my involvement in the Apex Peak Academy is entirely voluntary and I freely choose to participate.
- I acknowledge that the Town of Apex does not provide any kind of insurance or medical coverage for me should I be injured or killed as a result of participation in the Apex Peak Academy.
- Furthermore, while engaged in the Apex Peak Academy I will make safety my primary concern and at all times use and implement proper procedures and precautionary measures.

Fully understanding the risks involved and the opportunity I am being afforded, and by my signature, I agree to the following Release, Waiver of Liability and Indemnification:

RELEASE, WAIVER OF LIABILITY AND INDEMNIFICATION

IN CONSIDERATION OF THE OPPORTUNITY TO PARTICIPATE IN THE APEX PEAK ACADEMY, I HEREBY WAIVE AND RELEASE THE TOWN OF APEX, ITS EMPLOYEES, OFFICERS, ELECTED AND APPOINTED OFFICIALS, AND AGENTS FROM ANY AND ALL LIABILITY, CLAIMS, DEMANDS, LOSSES OR DAMAGES RESULTING TO MYSELF AS A CONSEQUENCE OF MY PARTICIPATION IN THE APEX PEAK ACADEMY. IN FURTHER CONSIDERATION OF THE OPPORTUNITY TO PARTICIPATE IN THE APEX PEAK ACADEMY, I AGREE TO HOLD HARMLESS, INDEMNIFY, ANSWER AND DEFEND THE TOWN OF APEX, ITS EMPLOYEES, OFFICERS, ELECTED AND APPOINTED OFFICIALS, AND AGENTS FROM ANY AND ALL ACTIONS, CAUSES OF ACTION, CLAIMS, AND ANY LIABILITIES, LOSS, DAMAGES OR COSTS WHATSOEVER, KNOWN OR UNKNOWN, WHICH MAY ARISE ON ACCOUNT OF, OR IN ANY WAY BE RELATED TO MY PARTICIPATION IN THE APEX PEAK ACADEMY.

I acknowledge that I have read this release, waiver of liability, and indemnification agreement and that I fully understand it.

Printed Name of Participant

Signature of Participant

Date

In case of emergency, please contact:

Name

Number