

**RELEASE OF LIABILITY,  
ACKNOWLEDGEMENT OF RISK AND  
ACCEPTANCE OF RESPONSIBILITY**

**WARNING:** There are significant elements of risk in the Community Corrections Chase (C3) ("Event"), including but not limited to those caused by terrain, facilities, temperature, weather, vehicles and vehicular traffic, physical conditions of participants, volunteers, spectators, event officials, and bystanders.

I HEREBY ASSUME ALL OF THE RISKS OF PARTICIPATING IN ANY/ALL ACTIVITIES ASSOCIATED WITH THIS EVENT, including by way of example and not limitation, any risks that may arise from negligence or carelessness on the part of the persons or entities being released, from dangerous or defective equipment or property owned, maintained, or controlled by them, or because of their possible liability without fault.

I acknowledge that this activity may involve a test of a person's physical and mental limits and carries with it the potential for death, disability, serious injury, and property loss.

I certify that I am eighteen (18) years of age or older, physically fit, have sufficiently prepared or trained for participation in the Event, and have not been advised to not participate by a qualified medical professional. I certify that there are no health-related reasons or problems which preclude my participation in the Event.

I acknowledge that this Release of Liability, Acknowledgement of Risk and Acceptance of Responsibility will be used by the event holders, sponsors, and organizers of the Event in which I may participate, and that it will govern my actions and responsibilities at said activity.

In consideration of my application and permitting me to participate in the Event, I hereby take action for myself, my executors, administrators, heirs, next of kin, successors, and assigns as follows:

(A) I WAIVE, RELEASE, AND DISCHARGE from any and all liability, including but not limited to, liability arising from the negligence or fault of the entities or persons released, for my death, disability, personal injury, property damage, property theft, or actions of any kind which may hereafter occur to me including my traveling to and from this activity, THE FOLLOWING ENTITIES OR PERSONS: The American Probation and Parole Association ("APPA") and/or their directors, officers, employees, volunteers, representatives, and agents, and the activity holders, sponsors, and volunteers;

(B) INDEMNIFY, HOLD HARMLESS, AND PROMISE NOT TO SUE the entities or persons mentioned in this paragraph from any and all liabilities or claims made as a result of participation in this activity, whether caused by the negligence of release or otherwise.

I acknowledge that APPA and their directors, officers, volunteers, representatives, and agents are NOT responsible for the errors, omissions, acts, or failures to act of any party or entity conducting a specific activity on their behalf.

I hereby consent to receive medical treatment which may be deemed advisable in the event of injury, accident, and/or illness during this activity.

I understand while participating in this activity, I may be photographed. I agree to allow my photo, video, or film likeness to be used for any legitimate purpose by the activity holders, producers, sponsors, organizers, and assigns.

The Release of Liability, Acknowledgement of Risk and Acceptance of Liability shall be construed broadly to provide a release and waiver to the maximum extent permissible under applicable law.

I CERTIFY THAT I HAVE READ THIS DOCUMENT AND I FULLY UNDERSTAND ITS CONTENT. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT AND I SIGN IT OF MY OWN FREE WILL.

\_\_\_\_\_  
Participant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Participant's Name

\_\_\_\_\_  
Age

(Please print legibly.)