



Release of Liability

U.B.N.C. and City Of Eureka

Agreement, Waiver and Release General

In consideration for being permitted by the above city to participate in the above activity, I hereby waive, release and discharge any and all claims for damages for personal injury, death or property damage which I may have or which may hereafter accrue as a result of my participation in said activity. This release is intended to discharge in advance the above city (its officers, employees and agents) from and against any and all liability arising out of or connected in any way with my participation in said activity, even though that liability may arise out of negligence or carelessness on the part of said city or (its officers, employees or agents).

I understand that the above activity may be of hazardous nature and/or include physical and/or strenuous exercise activity; that serious accidents occasionally occur during the above activity; and that participants in the above activity occasionally sustain mortal or personal injuries and/or property damages as a consequence thereof. Knowing the risks involved, nevertheless, I have voluntarily applied to participate in said activity and I hereby agree to assume any and all risks of injury of death and to release and hold harmless the above city (its officers, employees, and agents) who through negligence, carelessness, and or any other act of omission might otherwise be liable to me. I further understand and agree that this waiver, release, and assumption of risk is to be binding on my heirs and assigns.

I further agree to indemnify and to hold the above city (its officers, employees and agents) free and harmless from any loss, liability, damage, cost or expense which they may incur as a result of any injury and/or property damage that I may sustain while participating in said activity.

I HAVE CAREFULLY READ THIS AGREEMENT, WAIVER, AND RELEASE AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A WAIVER OF RELEASE OF LIABILITY AND A CONTRACT BETWEEN MYSELF AND THE ABOVE CITY AND I SIGN IT OF MY OWN FREE WILL. (each participant must personally sign)

First Name

Last Name

Phone

Email

Address

City

State

Zip Code

Date

Please fill out and print this form then mail to:

UBNC
PO Box 165
Eureka, CA 95502

or email to ubncofhumboldt@gmail.com