

PARTICIPANT REGISTRATION NUMBER: _____

2017 Dralla Foundation Adventure Team Challenge D.C. Participant Waiver

1. I, the undersigned, being at least 18 years of age and not subject to any guardianship, acknowledge that participating in the 2017 Dralla Foundation Adventure Team Challenge Washington D.C. is a potentially hazardous activity and that I should not enter and participate in any manner unless I am medically and physically able. I further agree that if at any time I believe conditions or equipment to be unsafe, I will immediately cease participation and will promptly notify a representative of World T.E.A.M. Sports (WTS) of such unsafe conditions or equipment. I further attest and verify that I am in good health and able to participate in the 2017 Dralla Foundation Adventure Team Challenge Washington D.C. In the event that I am unable to consent on my own because of an injury or illness, I consent to and authorize WTS and its representatives to obtain emergency medical treatment for me in case of any illness or injury resulting from or occurring during my participation in the 2017 Dralla Foundation Adventure Team Challenge Washington D.C. I understand and accept that any medical costs incurred with respect to emergency medical treatment will be my responsibility.

2. FOR ANY AND ALL INJURY, DEATH, ILLNESS, PROPERTY DAMAGE, OR ANY LOSS SUFFERED OR SUSTAINED BY ME WHICH IS IN ANY WAY ASSOCIATED WITH MY VOLUNTEERING IN, TRAVEL TO AND FROM, OR OTHER ACTIVITY ASSOCIATED WITH WTS OF THE 2017 DRALLA FOUNDATION ADVENTURE TEAM CHALLENGE WASHINGTON D.C. I DO HEREBY, FOR MYSELF, MY HEIRS, ASSIGNS, NEXT OF KIN, PERSONAL REPRESENTATIVES, ADMINISTRATORS, AND EXECUTORS, FOREVER COVENANT NOT TO SUE AND WAIVE, RELEASE, AND/OR DISCHARGE ANY AND ALL RIGHTS AND CLAIMS FOR ANY EXPENSES, DAMAGES, OR OTHER LOSSES WHICH I MAY HAVE OR WHICH MAY HEREINAFTER ACCRUE AGAINST WTS AND/OR ITS REPRESENTATIVES, OFFICERS, DIRECTORS, EMPLOYEES, AGENTS, SPONSORS, SUCCESSORS, ASSIGNS (THE "RELEASES"), WHETHER CAUSED BY THE NEGLIGENCE OF THE RELEASES OR OTHERWISE. I AGREE TO ABIDE BY ALL PARTICIPANT RULES AND POLICIES ADOPTED BY WTS.

3. I ASSUME ALL RISKS ASSOCIATED WITH MY PARTICIPATION IN THE 2017 DRALLA FOUNDATION ADVENTURE TEAM CHALLENGE WASHINGTON D.C. , INCLUDING INJURIES TO PERSON AND PROPERTY, OR DEATH, WHETHER CAUSED BY NEGLIGENCE OR OTHERWISE.

4. I hereby grant and convey to WTS free of charge all ownership rights in any photographs, videotapes, motion picture recordings, or any other record of my image as a participant in the 2017 Dralla Foundation Adventure Team Challenge Washington D.C. in any medium and consent to use of my name and image by WTS and its transferees without further compensation for any purpose. All photographs, resumes, and other submissions to WTS shall be the property of WTS.

5. By signing below, I hereby certify I am 18 years of age. IF PARTICIPANT IS LESS THAN 18 YEARS OF AGE, OR IS SUBJECT TO GUARDIANSHIP, THIS WAIVER MUST BE EXECUTED BY PARTICIPANT'S PARENT OR GUARDIAN.

Signature

Parent/Guardian Signature

Printed Name

Parent/Guardian Printed Name

Date

Relation to Minor