



beyond boundaries
A DIVISION OF PORTER-STARKE SERVICES, INC.

Release Form

601 Wall Street • Valparaiso, IN 46383 • Phone 219.476.4686 • Fax 219.476.4693 • www.porterstarke.org

Participant's Name: _____

Organization: _____

THIS FORM MUST BE READ AND SIGNED BEFORE PARTICIPATING IN THE BEYOND BOUNDARIES PROGRAM.

I acknowledge:

- A. I understand that the program includes but is not limited to group problem solving to overcome physical challenges. I will comply with all safety rules and regulations.
- B. I understand that the possible risks include those known and unanticipated as associated with any physical activity including bruises, cuts, muscle strains, fractures, paralysis.
- C. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS AND HEREBY RELEASE, WAIVE AND HOLD HARMLESS PORTER-STARKE SERVICES, INC., ITS AGENTS AND EMPLOYEES, WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, LOSS OR DAMAGE TO PERSONS OR PROPERTY, WHETHER CAUSED BY THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE, EXCEPT THAT WHICH IS THE RESULT OF GROSS NEGLIGENCE AND/OR WANTON MISCONDUCT.
- D. Porter-Starke Services, Inc. reserves the right to deny participation when safety is at risk.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, AND SIGN IT VOLUNTARILY.

Signature of Participant

Date

FOR PARTICIPANTS UNDER 18 AT TIME OF REGISTRATION

This is to certify that I, as parent/guardian with legal responsibility for this participant, do consent and agree to release Porter-Starke Services, Inc. from any and all liabilities incident to his/her involvement in these programs.

Signature of Parent/Guardian

Emergency Phone

PHOTOGRAPH PERMISSION

I, _____, consent to be photographed by representatives
PRINT First and Last Name of Participant
of Porter-Starke Services, Inc., Beyond Boundaries, and/or by local press and authorize the free and unlimited use of such photographs and/or video recording for inclusion in promotional and informational material prepared and circulated by Porter-Starke Services, Inc./Beyond Boundaries and/or local press.

Check one:

- I hereby waive any rights pertaining to the prints, negatives or video tape recording.
- I do not wish to be photographed.

Signature of Participant (or Guardian if participant is under 18 years of age)

Date