## Ties That Bind, Inc. Release of Liability/Assumption of Risk

Signature:	
Signature:	 nder 18 years of age:
Name: (Please Print)	Date:
I have read the above terms and conditions and by above-mentioned terms and conditions.	
I understand that <b>Ties That Bind, Inc.</b> shall not be for bodily injury, illness whether mental or physica own negligence. The terms hereof shall serve as a rall members of my family.	al, property damage or loss resulting from my
I understand that it is my responsibility to inform the physical limitations, liabilities or injuries including back problems, recent surgeries, pregnancy, and an affected. I further understand, that in the case of an will provide basic first aid and arrange for medical	g, but not limited to, heart conditions, neck or ny other potential situation that may be a accident or illness, the Ties That Bind staff
I understand that the <b>Ties That Bind</b> staff adheres and rules will be discussed before each event. I agr and safety procedures are not explained or understo I knowingly and freely assume all such risks, both responsibility for my participation.	ree to abide by all safety standards. If the risks ood, I should ask for further explanation.
The risk of injury from the activities involved is signermanent paralysis and death, and while particula may reduce the risk, the risk of serious injury does	r skills, equipment and personal discipline
choice to participate in each activity to whatever de consideration of my own physical health, physical and agree to be supported in my choice to support	abilities and medical condition. I understand
appreciate and agree that:  I understand that all of the activities in this program	
related events and activities, I,	, the undersigned, acknowledge,
In consideration of being allowed to participate in	any way in the <b>Ties That Bind Program</b> , its