



## Liability Waiver

Participant's Name (printed): \_\_\_\_\_

Parent/Guardian's Name (printed): \_\_\_\_\_

### **Participant Release:**

I understand and agree that neither Project Challenge nor the Silver River Marine Institute, nor any co-sponsoring organization or facility, nor their respective officers, directors, employees, agents, members, or volunteers shall assume or have any responsibility or liability for expenses or medical treatment or for compensation for any injury I may suffer during or resulting from my participation in this program. I do hereby, for myself, my heirs, executors, and administrators, waive, release, and forever discharge any and all rights and claims damages that I may have or that may hereafter accrue to me arising out of or in any way connected with my participation in the program.

I also represent and warrant that I have been advised to seek consultation from my doctor about whether I can safely participate in this program and whether there are precautions or limitations to my participation.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian's Signature

\_\_\_\_\_  
Date