



Participant Release, Waiver of Liability and Indemnity

Program Name: The Ron Leary REACH Foundation Program # : _____

Important: Each participant must sign the "Release, Waiver of Liability, and Indemnity" before participating in the above mentioned Program. Please read this document very carefully before you sign.

This Release, Waiver of Liability, and Indemnity (hereinafter "Release") is executed on this _____ day of _____, 20____, by _____ for the reliance and benefit of United Charitable, and its program, known as: _____ ("Program") and the officers, directors, employees, and agents of United Charitable, including, but not limited to, the director of the Program. The foregoing, jointly and severally, shall be referred to herein as "United Charitable et al."

I, the participant, desire to participate in or in connection with the Program and engage in activities related to being a participant for the Program. Accordingly, I hereby freely and voluntarily, with full understanding of the meaning of this Release and without duress, execute this Release for the reliance and benefit of United Charitable et al.

1. Waiver and Release. I release, waive, and forever discharge and hold harmless United Charitable et al. and its successors and assigns from any and all liability, claims, demands, and/or causes of action of whatever kind or nature, either in law or in equity, for death, injury, property damage, or loss ("Claims") which may arise from or related to my participation in on in connection with the Program.

I understand and acknowledge that this Release irrevocably and fully discharges United Charitable et al. from any and all Claims that I may have or hold against United Charitable et al.

I understood and acknowledge that United Charitable et al. do not assume any responsibility for or obligation to provide financial assistance or other assistance, including but not limited to medical, health or disability insurance in the event of injury, illness, death or property damage.

2. Medical Treatment. I release and forever discharge United Charitable et al. from any and all Claims which arise from or relate to any first-aid treatment or other medical services rendered to or for my benefit in connection with an emergency during my participation in or in connection with the Program.

3. Assumption of Risk. I understand and acknowledge that participation in or in connection with the Program may include activities that may be hazardous to me including, but not limited to, the following description of activities: **(Please provide as much detail as possible in regard to any activities that may present unusual risks)**

I understand and acknowledge that participation in or in connection with the Program may expose me to inherently dangerous activities. I expressly assume all risks, both known and unknown, related to any injury, harm, property damage, death or loss arising from or related to participation in or in connection with these activities, as well as all other activities of the Program. As set forth above, in Paragraph 1, I release, etc. United Charitable et al. from all Claims arising from or related to my participation in or connection with the Program.

4. Photographic Release and Intellectual Property Rights. I grant and convey unto United Charitable all right, title, and interest, including all copyrights, in any and all photographic images and all writings or video or audio recordings made or created, in whole or in part, by me as part of my participation in or in connection with the Program.

5. Indemnity. I agree to indemnify and hold harmless United Charitable et al. from and against any Claims and legal fees related thereto which are caused by, arise from or relate to my actions or omissions, including, but not limited to, negligence, misdeeds, or violation of law.

6. Other Provisions. I understand and acknowledge that it my intent that this Release shall be interpreted as broadly for the protection of United Charitable et al. as permitted by the law of the Commonwealth of Virginia, which is the exclusive law governing this Release. I agree that in the event that any clause or provision of this Release shall be held to be invalid by any court of competent jurisdiction, the invalidity of such clause or provision shall not otherwise affect the remaining provisions of this Release, which shall continue to be enforceable. I agree that the sole and exclusive venue for the litigation of any matter concerning this Release or its interpretation, or any liability for Claims, etc. set forth above, however so presented, pled or formulated, shall be either the courts of the Commonwealth of Virginia for the County of Fairfax or the United States District Court for the Eastern District of Virginia (Alexandria Division). I irrevocably waive my right to trial by jury and consent to trial by judge. Without limiting my intent that this Release fully discharge United Charitable et al., in the event that any judge shall determine that any part of this Release is not effective to accomplish this purpose, I limit my right of recovery to actual damages only, waiving any right to indirect or consequential damages, the recovery of loss of income, and punitive or exemplary damages.

If and to the extent that my minor children participate with me in the Program, I similarly release United Charitable et al. from any of the claims set forth above which my children may have against United Charitable et al. from or related to their participation in the Program and indemnify United Charitable et al. against Claims arising from their actions or omissions.

7. Review by Attorney. I acknowledge that I have been informed and that I understand that this Release is a legally binding instrument which I am providing for the reliance of United Charitable et al., which have a right to rely on this Release. I further acknowledge that I have been advised that I have the right to have this Release reviewed by an attorney before I sign it. By signing this Release, I acknowledge that I fully understand the meaning of this Release and all implications.

Name of Participant: _____ Date: _____

Signature of Participant _____

Street Address: _____ Phone: _____

City, State, Zip: _____ Email: _____

Emergency Contact: _____ Phone: _____

Medical Conditions _____

****If the participant is a minor, this Participant Release, Waiver of Liability, and Indemnity must also be signed by an authorized parent or guardian.**

Name of Parent/Guardian: _____ Date: _____

Signature of Parent/Guardian _____