

**BUBBLE FORCE CORP.
WAIVER AND RELEASE OF LIABILITY**

In consideration of being allowed to participate in any way in the **BUBBLE FORCE CORP.** athletic/sports program, related events and activities, the undersigned acknowledges, appreciates, and agrees that:

1. I cannot participate if I have a pre-existing medical condition that is at risk of further detriment by enduring intense physical activity including but not limited to concussions, back or neck injuries, whiplash; and,
2. The risk of injury from the activities involved in this program is significant, including the potential for permanent paralysis and death, and while particular rules, equipment, and personal discipline may reduce risk, the risk of serious injury does exist; and,
3. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume full responsibility for my participation; and,
4. I willingly agree to comply with the stated and customary terms and conditions for participation. If however I observe any unusual significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the nearest official immediately; and,
5. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE AND HOLD HARMLESS **BUBBLE FORCE CORP.**, their officers, officials, agents, and/or employees, other participants, sponsoring agencies, sponsors, advertisers, and, if applicable, owners and lessors of premises used to conduct the event("Releasees"), WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person or property, WHETHER CAUSED BY NEGLIGENCE OF THE RELEASEES OR OTHERWISE.
6. The participant will grant permission to **BUBBLE FORCE CORP.** to use or authorize other agencies to use photographs, motion pictures, recordings, data or any other record of my participation in this event for legitimate purpose without remuneration.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK MANAGEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

PARTICIPANTS AGE 18 OR OVER SIGN HERE

x _____
PRINT NAME (FIRST & LAST)

PARTICIPANT SIGNATURE

x _____
WITNESS

DATE SIGNED

PARENTS/GUARDIANS WITH PARTICIPANTS UNDER THE AGE OF 18 SIGN BELOW

This is to certify that I, as parent/guardian with legal responsibility for this participants, do consent and agree to his/her release as provided above of all the Releasees, and, for myself, my heirs, assigns, and next of kin, I release and agree to indemnify the Releasees from any and all liabilities incident to my minor child's involvement or participation in these programs as provided above.

x _____
PARTICIPANT NAME (FIRST & LAST)

PARENT/GUARDIAN SIGNATURE

x _____
WITNESS

DATE SIGNED

EMERGENCY PHONE NUMBER