WAIVER AND ASSUMPTION OF RISK AGREEMENT	
I	ntities acting in any capacity on its behalf (hereinafter, n behalf of myself, acting agents representing both real or
1. Inherently Dangerous: I acknowledge the risks and dangers that exist in my use of any and my participation in such and assume the risk(s) which could result in physical and/or eme property, or to third-parties. I understand that such risks simply cannot be eliminated without jed include, but are not limited to: the undersigned or third-parties suffering falling injuries, nerve inj and minor injuries. I also acknowledge that I can expect to receive bruises and slight injuries as a that I may endure periods of discomfort and pain. Furthermore, I understand that the instructors have but are not infallible. The instructors may be unaware of a participant's fitness or abilities, including or instructions, and the equipment used might malfunction. (Initial Here)	otional injury, paralysis, death, or damage to myself, to pardizing the essential qualities of the Course. The risks juries, head injuries, bruises, rope burn, and other serious result of participating in these activities of necessity and ave a difficult job to perform. The instructors seek safety,
2. <b>Waiver/Assumption of Risk</b> : I expressly agree and accept all the risks involved in engis purely voluntary, and I elect to participate in spite of the risks. I agree to indemnify and hold attorney's fees, by reason of any liability imposed upon SALLC by the laws of the State of Washi agree to indemnify and hold harmless SALLC from any and all claims, demands, or causes of action this Course or my participation in suspension bondage (including use of any suspension bondag such claims that allege negligent acts or omissions of SALLC or (ii) any breach of any warranty or	harmless SALLC against any loss or expense, including ington. I hereby voluntarily release, forever discharge and on which are in any way connected to: (i) my participation ge techniques taught as part of the Course), including any
3. Safety: I agree to be personally responsible for my own safety. I agree to follow all instructions given by SALLC immediately, except if I should have any reservations about any of the instructions I shall, while maintaining safety for myself and others, immediately notify SALLC of such. I may choose NOT to participate in any activity in this course of instruction that I deem unsafe. I shall immediately notify SALLC of any injury that I receive, or that I observe to any other participant. I additionally acknowledge that SALLC may, at any time, make a judgment call regarding my participation including, but not limited to, a lack of safety or disorderly conduct and, should I fail to correct my actions after being warned, SALLC may use its own discretion and determine whether or not I may continue with the Course. If my participation is terminated, I agree to leave the Course/facility immediately, that all materials presented to me on that day or any related materials/equipment to the Course are the property of SALLC and will be immediately returned, and I will not be entitled to any refund of monies paid. (Initial Here)	
4. <u>Limitations of Personal Ability</u> : I agree that at anytime if I am not capable, whether personal demands and/or functions of the Course, I will immediately advise SALLC. I agree to perform the with and/or competent at. I shall perform only those techniques taught by SALLC, and shall no Course. I agree that SALLC has no responsibility to accommodate me or change the instructional all requirements of this particular Course prior hereto. (Initial Here)	techniques taught at no greater level that I am comfortable t improvise additional techniques on my own during the
5. <u>Miscellaneous</u> : I expressly agree that the foregoing Waiver and Assumption of Risk is State of Washington. I further agree that if any provisions of this agreement are held to be invalid, in full force and effect. I hereby represent and warrant that I am at least 18 years of age, and have enter into this Waiver and Assumption of Risk and to grant to SALLC the rights granted herein. Th between the parties and cannot be modified except by an agreement in writing signed by each party be binding on all of my successors-in-interest and heirs. This Waiver and Assumption of Risk shall the parties hereto agree to submit to jurisdiction in the State of Washington. (Initial Here)	nevertheless, the balance of the agreement shall continue the full, complete, and unrestricted right and authority to his document contains the full and complete understanding hereto. This Waiver and Assumption of Risk is and shall
WHEREFORE, I have had sufficient opportunity to read this entire document and fully understand its terms. I acknowledge that I am signing this agreement freely and voluntarily and intend my signature to be a complete and unconditional release of all liability to the greatest extend allowed by law.	
Signature	Address
Print Name/Date	Phone Number and Email Address