2015 1n3 LLC/Blacklight Slide Consent	, Waiver, Assumption of R	isk Liability R	elease Agreement
Participant's Printed Name		Gender	Bib# (staff to fill in)
ALL PARTICIPANTS, VOLUNTEERS, PERFORMERS, VENDORS AND SPONSORS MUST READ CAREFULLY AND SIGNT HIS AGREEMENT. In consideration of the opportunity to periticipate and/or attend the Blacklight Silide ("Event"), the undersigned participant/outnered performer/vendor/sponsor ("Attendee") knowingly and voluntarily agrees to the following: I acknowledge that this is a Siliding, Slipping and/or walking event that involves physical activity, is a test of my physical and mental limits and carries a polerotal for moderate and serious injury, death, property loss or damage. I also acknowledge that the Event involves spraying a liquid colorant ("Colorant") and may cause skin irritation, tiching, burning, discomfort or vision problems, permanently stain or damage any of my personal belongings or property. I acknowledge the Event has properly warned of the effects involved with the Colorant, and advised me to wear proper eye, nose and mouth protection at all times. I understand the risks involved with attending the Event that may include, but not limited to: falls, so contact and/or crashes with other Attendees, injuries from contact with the Colorant, effects of weather including heat and/or humidity, cold, defective equipment, condition of the roads and/or Silide, rough terrain, water hazards, hazards posed by spectators or other Attendees, man-made or natural obstacles, wild animals and poisonous plants. I ASSIMB ALL RISKS INVOLVED WITH THE EVENT. THE SLIDE, EQUIPMENT AND THE COLORANT. I agree to monitor my health while participating in the Event, and will withdraw from the Event inmediately of any hazardous situations. I agree that I will fully inspect the Silide before participating, and notify the Event's personnel inmediately of any hazardous situations. I agree that I will fully inspect the Silide before participating, and notify the Event's party drugs, including prescription, illegal or over-the counter medication, and in my ballity to participate in the Event my hazardous situations. I agree that I will fully inspect			
Printed Name	Signature		Date
I give my permission to	to pick-up my Packet		
FOR ATTENDEES UNDER EIGHTEEN (18) YEARS Attendee's Parent or Guardian's signature below cer Attendee's Parent/Guardian has read and understar and voluntarily agrees to its terms and conditions. Att condition and is able to safely participate in the Even grants access to such child's medical records as nece	OF AGE A PARENT OR LEGAL of tifies that Attendee's son/daughter/nds the foregoing WAIVER AND Rendee's Parent/Guardian further cot. Attendee's Parent/Guardian hero	GUARDIAN MUST ward has permissi ELEASE AGREEN ertifies that such so	on to participate/attend the Event. MENT (above) and by signing intentionally on/daughter/ward is in good physical
Parent Guardian Print Name	 Parent/Guardian Signat	ure	Relationship to Minor Date