ACCIDENT WAIVER AND RELEASE OF LIABILITY FORM

I, ___________________________________, HEREBY ASSUME ALL OF THE RISKS
OF PARTICIPATING IN ANY/ALL ACTIVITIES ASSOCIATED WITH

____________________________________________________________________

(hereafter “Activity”) including by way of example and not limitation, any risks that may arise from
negligence or carelessness on the part of THE INSTITUTE OF TRANSPORTATION ENGINEERS
WESTERN DISTRICT, and/or their directors, officers, employees, volunteers, representatives, and
agents, and the Activity holders, sponsors, and volunteers (hereafter “Released Parties”), from
dangerous or defective equipment or property owned, maintained, or controlled by them, or because
of their possible liability without fault.

I certify that I am physically fit, have sufficiently prepared or trained for participation in this Activity,
and a qualified medical professional has not advised against my participation in such Activity. I certify
that there are no health-related reasons or problems which preclude my participation in this Activity.

I acknowledge that this Accident Waiver and Release of Liability Form will be used by the event
holders, sponsors, and organizers of the Activity in which I may participate, and that it will govern my
participation, actions and responsibilities at said Activity.

In consideration of my application and permitting me to participate in this Activity, I hereby agree for
myself, my executors, administrators, heirs, next of kin, successors, and assigns as follows:

(A) I WAIVE, RELEASE, AND DISCHARGE the Released Parties from any and all claims, damages
and liability arising from or related to my participation in the Activity, including but not limited to,
liability arising from the negligence or fault of the Released Parties, for my death, disability, personal
injury, property damage, property theft, or damages of any kind which may hereafter occur to me;

(B) INDEMNIFY, HOLD HARMLESS, AND PROMISE NOT TO SUE the Released Parties from any
and all liabilities, claims, damages, action or suits of any kind made as a result of participation in this
Activity, whether caused by the negligence of the Released Parties or otherwise.

(C) I WILL DEFEND, INDEMNIFY, AND HOLD FREE AND HARMLESS the Released Parties from
and against any and all claims, demands, actions, causes of action, liabilities, damages, losses, costs
and expenses made, alleged, brought or pursued by any person arising, directly or indirectly, from my
participation in the Activity.

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I acknowledge that the Released Parties are NOT responsible for the errors, omissions, acts, or failures to act of any party or entity conducting a specific Activity on their behalf.

I acknowledge that this Activity may involve a test of a person's physical and mental limits and carries with it the potential for death, serious injury, and property loss. The risks include, but are not limited to, those caused by terrain, facilities, temperature, weather, condition of participants, equipment, vehicular traffic, lack of hydration, and actions of other people including, but not limited to, participants, volunteers, monitors, and/or producers of the Activity. These risks are not only inherent to participants, but are also present for volunteers.

I hereby consent to receive medical treatment which may be deemed advisable in the event of injury, accident, and/or illness during this Activity.

I understand while participating in this Activity, I may be photographed. I agree to allow my photo, video, or film likeness to be used for any legitimate purpose by the Activity holders, producers, sponsors, organizers, and assigns.

This Accident Waiver and Release of Liability Form shall be construed broadly to provide a release and waiver to the maximum extent permissible under applicable law.

I CERTIFY THAT I HAVE READ THIS DOCUMENT AND I FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A RELEASE AND WAIVER OF LIABILITY AND I SIGN IT OF MY OWN FREE WILL.

Participant’s Signature ________________________________

________________________________  ___________
Participant’s Name  Date

(IF NECESSARY)

________________________________ ___________
Parent/Guardian Signature  Date

(If under 18 years old, Parent or Guardian must also sign.)