

# GoWake Participation Agreement, Indemnification Clause & Liability Waiver

Participants Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Sex:  M  F

If under age 18, Name of Parent or /Guardian: \_\_\_\_\_

Mobile Phone: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Emergency Phone: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

Email Address: \_\_\_\_\_  Check for Updates & Specials

**ACKNOWLEDGMENT OF RISKS:** I UNDERSTAND AND ACKNOWLEDGE that the Participation Activities in which I (all references to I, me, myself or my, refer to my minor child if I am signing on behalf of my minor child) am about to voluntarily engage in bear certain anticipated and unanticipated risks which could result in INJURY, DEATH, ILLNESS OR DISEASE, PHYSICAL OR MENTAL DAMAGE to myself, to my property or to other parties or their property. These risks include but are in no way limited to the following:

ACCEPTANCE OF RISK AND RESPONSIBILITY: I VOLUNTARILY AGREE, COVENANT AND PROMISE TO ACCEPT AND ASSUME ALL RESPONSIBILITIES AND RISK FOR INJURY, DEATH, ILLNESS OR DISEASE to myself or to my property or other parties and their property arising from my participation in the Participation Activities. My participation in the Participation Activities is purely voluntary; no one is forcing me to participate in spite of the risks.

**MEDICAL CARE, PARTICIPANT INSURANCE BENEFITS AND REPRESENTATION OF PHYSICAL CONDITIONS:** I UNDERSTAND AND

ACKNOWLEDGE that no major medical or accident insurance benefits will be provided to me during participation or viewing of, the Participation Activities. I certify that I have sufficient health, accident, and personal liability insurance to cover any bodily injury or property damage that

I may incur while participating in the Participation Activities, and to cover bodily injury or property damage caused to another party as a result of my participation in the Participation Activities. If I have no such insurance, I certify that I am capable of personally paying for any and all such expenses or liability.

I FURTHER ACKNOWLEDGE that I am in good physical and mental health, and not suffering from any condition, disease or disablement, which would or could potentially affect participation in the Participation Activities. I give my consent and permission to GoWake and medical personnel to obtain or administer on my behalf or on behalf of my minor child, first aid and emergency medical treatment in case of sickness, accident, injury and to secure medical care at my expense and to make decisions concerning medical care if I am unable to do so or if in the case of my minor child, I am unable to be reached. I give consent for drug testing to be performed in the event of any accident or during the course of any medical care or treatment for myself or my minor child.

**PHOTO & VIDEO RELEASE:** I for just and sufficient consideration, receipt of which is hereby acknowledged, hereby irrevocably grant GoWake, its successors and partners the right to record my likeness and/or voice on tape, film or digital media, to edit such tape, film or digital media at our discretion; to incorporate the same into video, tv, radio, web or print advertisement or video for GoWake; and to use or authorize the use of such tape, film and videotape or any portion thereof in any manner or media at any time through the world in perpetuity and to use my likeness, voice and biographical and other information concerning me in connection there with including promotion in all media. I hereby release you and anyone using said film, digital image, or other material from any and all claims, damages, liabilities costs and expenses which I now have or may hereafter have by reason of any use thereof.

I/We understand that (participant) ..... \_\_\_\_\_

will be partaking in a hazardous activity which can result in injury, and does so entirely at their own risk.  
**I/ We Agree-** They will abide by the rules and regulations & (T & C's) of Go Wake and also with all instructions given by members of Go Wake staff and instructors at all times.

**Signature of Participant:**

(Must be signed in front of GoWake employee or form must be notarized.)

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**Date**

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**'GoWake' is a trading name of COR SPORTS LTD**