No Excuses Project
Release Form

Participant Name: _____
Date of Activity: _____ to_____, 20 _____

Please Read Release Form Carefully

I am aware that during my participation in No Excuses Program, Inc. sponsored adventure activities, certain risks and dangers may occur. These include but are not limited to: the hazards of being in a wilderness or natural area, on a physical fitness course (i.e. increased heart rate, sudden pulse rate increase, general heart risk [especially for those with past heart conditions], and death), the forces of nature, and other dangers inherent in being in or near a pool, lake, river, and other recreational areas. In consideration of my voluntary election to engage in activities sponsored by No Excuses Program, I do hereby assume all risks and to the fullest extent permitted by law do hereby agree to defend and hold harmless No Excuses Program, their representatives, officers, employees, agents, successors, or beneficiaries from and against any and all personal injury, causes of action, losses, cost, liability, actions, debts, claims, damages, expenses, and demands of every kind and nature whatsoever, including attorney fees and court costs, which I now have or which may arise from or in connection with my presence or participation in any activities arranged for me except for gross negligence or willful acts of No Excuses Program, its employees, agents or contractors.

Further, I agree to indemnify No Excuses Program for any causes of action, losses, cost, attorney fees, liability, actions, debts, claims, damages, expenses, and demands of every kind and nature whatsoever which I now have or which may arise from or in connection with my presence or participation in any activities arranged for me except for losses caused by gross negligence or willful acts of No Excuses Program, its employees, agents or contractors.

This agreement shall be binding upon me, my heirs, executors and administrators. I have been informed of the risks of participating in any and all activities and my participation in these activities is completely voluntary and I assume all risks associated therewith.
By signing below, I agree to allow No Excuses Program to use any pictures or video footage of this program for its promotional purposes.

SIGNED, this _____day of_____, 20_____

(Minors [anyone under the age of 18] must have their parent or guardian sign on their behalf.)

NAME: _____SIGNATURE:_____
(Please print full name) (If minor, signature of parent or guardian)