

**ACCIDENT WAIVER AND RELEASE OF LIABILITY FORM**

**Name of the Activity or Event:** Axe Throwing at Show-Me Axe Throwing, LLC

**Date of Activity or Event:** [Redacted]

I HEREBY ASSUME ALL OF THE RISKS OF PARTICIPATING IN AND/OR VOLUNTEERING AT THIS ACTIVITY OR EVENT, including by way of example and not limitation, any risks that may arise from negligence or carelessness on the part of the persons or entities being released, or on the part of others participating in this activity or event, 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 able to participate in axe throwing and related activities. I certify that there are no health-related reasons or problems which preclude my participation in this activity or event.

I acknowledge that this Accident Waiver and Release of Liability Form will be used by **Show-Me Axe Throwing, LLC**, and that it will govern my actions and responsibilities of said activity or event. In consideration of permitting me to participate in this event, I hereby take the actions noted below for myself, my executors, administrators, heirs, next of kin, successors, and as follows:

(A) I WAIVE, RELEASE, AND DISCHARGE from any and all liability, including but not limited to, liability arising from the negligence or fault of the entities or persons released, for my death, disability, personal injury, property damage, property theft, or actions of any kind which may hereafter occur to me, **Show-Me Axe Throwing, LLC**, and its directors, officers, owners, members, employees, volunteers, representatives, and agents.

INITIAL HERE: [Redacted]

(B) I INDEMNIFY, HOLD HARMLESS, AND PROMISE NOT TO SUE **Show-Me Axe Throwing, LLC**, and/or their agents/employees or any other persons associated with **Show-Me Axe Throwing, LLC**, from any and all liabilities or claims made as a result of participation in this activity or event, whether caused by the negligence of release or otherwise.

I acknowledge that **Show-Me Axe Throwing, LLC** and their directors, officers, volunteers, representatives, and agents are NOT responsible for the errors, omissions, acts, or failures to act of any party or entity conducting a specific event or activity on their behalf.

I acknowledge that this activity or event 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. 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 or event.

I understand that at this event or related activities, I may be photographed. I agree to allow my photo, video, or film likeness to be used for any legitimate purpose by **Show-Me Axe Throwing, LLC**.

The Accident Waiver and Release of Liability 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 CONTENT. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT AND I SIGN IT OF MY OWN FREE WILL. I FURTHER AGREE THAT I WILL ABIDE BY ALL SAFETY INSTRUCTIONS PROVIDED DURING THE SAFETY BRIEFING AND THAT SHOULD I FAIL TO DO SO, I MAY BE ASKED TO LEAVE BY SHOW-ME AXE THROWING, LLC, AND THAT ANY MONIES I HAVE PAID ARE NON-REFUNDABLE.**

[Redacted]

Print Participant's Name

[Redacted]

Age

[Redacted]

Signature

[Redacted]

Date

**PARENT / GUARDIAN WAIVER FOR MINORS (Under 18 years old)**

The undersigned parent or natural guardian does hereby represent that he/she is, in fact, acting in such capacity, has consented to his/her child or ward's participation in the activity or event, and has agreed individually and on behalf of the child or ward, to the terms of the Accident Waiver and Release of Liability set forth above. The undersigned parent or guardian further agrees to save and hold harmless and indemnify each and all of the parties referred to above from all liability, loss, cost, claim, or damage whatsoever which may be imposed upon said parties because of any defect in or lack of such capacity to so act and release said parties on behalf of the minor and the parents or legal guardian.

[Redacted]

Print Parent/Guardian Name

[Redacted]

Signature of Parent or Guardian

[Redacted]

Date

**EMPLOYEE CERTIFICATION**

I, \_\_\_\_\_, employee/agent of **Show-Me Axe Throwing, LLC**, hereby certify that I conducted a full safety briefing for the above-named participant prior to allowing said participant to partake in any axe throwing activities.

Date: \_\_\_\_\_

\_\_\_\_\_  
Employee/Agent