

**HEMOPHILIA FOUNDATION OF ARKANSAS INC.
RELEASE OF LIABILITY AND DISCLOSURE STATEMENT**

I HEREBY ASSUME ALL OF THE RISKS OF PARTICIPATING IN ANY/ALL ACTIVITIES ASSOCIATED WITH THIS 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, 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 sufficiently prepared or trained for participation in this activity, and have not been advised to not participate by a qualified medical professional. I certify that despite my health-related condition(s), reason(s), or problem(s), which would otherwise preclude my participation in this activity, I am participating at my own risk, after having consulted with my medical professional about such participation.

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 actions and responsibilities at said event or activity.

In consideration of my application and permitting me to participate in this activity, I hereby take action for myself, my executors, administrators, heirs, next of kin, successors, and assigns 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 including my traveling to and from this activity, **THE FOLLOWING ENTITIES OR PERSONS:** The Hemophilia Foundation of Arkansas Inc. (HFA), Arkansas Parks and Tourism, Lake Dardanelle State Park, the United States Corps of Engineers, Novo Nordisk Pharmaceuticals, and the State of Arkansas and/or their directors, officers, employees, volunteers, representatives, and agents, and the activity holders, sponsors, and volunteers;

(B) INDEMNIFY, HOLD HARMLESS, AND PROMISE NOT TO SUE the entities or persons mentioned in this paragraph from any and all liabilities or claims made as a result of participation in this activity, whether caused by the negligence of release or otherwise.

I acknowledge that HFA 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 activity on their behalf.

I acknowledge that this activity may involve physical activities which may not be in my best interest to participate in and such activities 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, pre-existing medical conditions of the participants, physical conditioning of participants, equipment, vehicular traffic, lack of hydration, and actions of other people including, but not limited to, participants, volunteers, employees, agents, monitors, and/or producers, or any other person not so named that may be acting on behalf of the aforementioned named person, of the activity. These risks are not only inherent to participants, but are also present for volunteers.

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

I understand while participating in this event and/or 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.

The Accident Waiver and Release of Liability Form shall be construed broadly to provide a release and waiver to the maximum extent permissible under applicable State and/or Federal 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.

If under 18 years old, Parent or Guardian must sign to attend.

Name of minor child attending with me (if any):

Each person 18 and older must sign to participate. If you are bringing a minor child to participate with you, by signing below you are certifying that you are said child's legal parent/guardian.

Angler 1 or Individuals Signature

Date

Angler 1 or Individual's printed name _____

Angler 2 Signature

Date

Angler 2's printed name _____