

I UNDERSTAND AND ACKNOWLEDGE that the terms herein are contractual and not a mere recital, and that I have signed this document of my own free act.

**PARTICIPANT INSURANCE BENEFITS AND REPRESENTATION
OF PHYSICAL CONDITIONS**

I UNDERSTAND AND ACKNOWLEDGE that no medical insurance benefits will be provided to the Participant during the Activities. I CERTIFY that the Participant has sufficient health, accident and personal liability insurance to cover any bodily injury, property damage or disablement which I may incur and to cover bodily injury or property damage caused to a third party as a result of the Participant's participation in the Activities. If the Participant has no such insurance, I certify that I am capable of personally paying for any and all such expenses or liability.

I FURTHER ACKNOWLEDGE that the Participant is in good physical and mental health, and not suffering from any condition, disease or disablement which would or could potentially affect participation in the Activities.

CONSENT FOR MEDICAL TREATMENT

I HEREBY give my consent for emergency medical care provided by a Doctor of Medicine, Doctor of Dentistry or other medical or urgent care personnel. This care may be given under whatever conditions are considered necessary to preserve the life, limb or well-being of Participant.

AGREEMENT

I UNDERSTAND that this is the entire Agreement between the undersigned and Sponsor, its agents or employees, and that it cannot be modified or changed in any way by the representations or statements of Sponsors or any volunteer, employee or agent of Sponsors, or by the undersigned. This Agreement shall remain in full force and effect until specifically revoked prospectively; to be effective, such revocation must be in writing and delivered to Youth and Recreation Event Planning, Inc., PO Box 506, Hudson WI 54016, fax (715-549-6160), phone (715-549-6161).

MY SIGNATURE BELOW, INDICATES THAT I HAVE READ THIS ENTIRE DOCUMENT, UNDERSTAND IT COMPLETELY, AND AGREE TO BE BOUND BY ITS TERMS.

PARTICIPANT NAME: _____ PARTICIPANT'S DATE OF BIRTH (MM/DD/YY): _____

SIGNATURE OF PARENT OR LEGAL GUARDIAN: _____

DATE SIGNED: _____ HOME PHONE NUMBER: _____

PRINT PARENT/GUARDIAN NAME: _____

ADDRESS: _____

CONTACT: (Someone to contact in case of injury, other than the parent or guardian signing this document.)

Full Name (first and last): _____

Phone: _____ Relationship: _____

Address: _____