

# **SOUTHEASTERN U.S. KNIFE THROWING CHAMPIONSHIPS**

## **Waiver of Negligence, Complete Release of Liability, and Assumption of Risk Agreement**

**FULL NAME** (print): \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**EMAIL:** \_\_\_\_\_

**PHONE(S):** cell/day \_\_\_\_\_ home/night \_\_\_\_\_

This document establishes my desire to participate in the SOUTHEASTERN U.S. KNIFE THROWING CHAMPIONSHIPS, an IKTHOF REGIONAL EVENT hosted by the Carolina Bladeslingers, an informal, unincorporated, membership association. I hereby represent that I am physically capable of participating in these activities and understand that the Carolina Bladeslingers and the IKTHOF consider it advisable for me to consult my doctor(s) regarding any physical and/or medical condition which might be incurred by, affected by, or which might affect my participation. If I am aware of or under treatment for any physical or other infirmity, ailment or condition, my medical care provider knows of my condition and has approved my participation.

I acknowledge that I, and I alone am solely responsible for my personal health and safety. I understand that the SOUTHEASTERN U.S. KNIFE THROWING CHAMPIONSHIPS are voluntary and that I do not have to participate unless I choose to do so. I understand that these activities are potentially dangerous or harmful, and that by participating I voluntarily accept and assume the risk of injury to myself.

The Carolina Bladeslingers makes no representations or claims as to the condition or safety of the land, structures or surroundings on which these Championships are held. I accept full responsibility for my own actions and for any incident which may cause injury to me, no matter whether I or another may be the presumed cause of such injury either directly or indirectly.

I agree to release from liability, indemnify, and hold harmless all members, officers, and agents of the Carolina Bladeslingers, the members, officers, and agents of the IKTHOF, and the owner(s) of the land on which these Championships are held from any and all liability, actions, causes of actions, claims and demands of every kind and nature whatsoever which may arise out of or in connection with my participation in the SOUTHEASTERN U.S. KNIFE THROWING CHAMPIONSHIPS and any related practices or activities. I knowingly and freely accept all risks, both known and unknown, associated with my participation, whether arising from the negligence or carelessness of the above mentioned persons and entities, or any other cause by which such persons and entities might be liable to me, or by which I, or someone on my behalf, might assert any basis of liability or fault. I further intend by this Waiver to release, in advance, and to waive my rights and to discharge all of the persons and entities mentioned above, from all claims for damages for death, personal injury and/or property damage that I may have, or which may hereafter accrue to me. I understand and agree that this Waiver is binding on my heirs, assigns, personal representatives, executors, next of kin, legal representatives, and for all members of my family including minors.

Should medical treatment become necessary as a result of my participation in said activities, I assume all financial and legal costs related to medical treatment, emergency care, and/or hospitalization, and I hereby agree to indemnify, defend and to hold the the above mentioned persons and entities harmless from any costs so incurred. In the event that any injury precludes me from making a rational decision regarding my health care and treatment, I authorize the hosts of the event to act using their best judgment in such emergency cases, after duly attempting to contact the person I have designated as my emergency contact, and I hereby waive any claim against said sponsors and the above mentioned persons and entities for so acting.

I understand the dangers of the sport in which I will be engaged and agree to abide by the rules established for safety. I have read the statements in this Waiver, agree with its terms, and have signed it freely and voluntarily without any inducement and with full knowledge of its meaning and significance. I understand that this is a legal document and that I have given up substantial rights by signing it. I understand that this document is complete unto itself and that any oral promises or representations made to me concerning it are not binding upon the Carolina Bladeslingers or the IKTHOF, their officers, agents, and members.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
(Parent/Guardian if under 18 years old)

**Emergency contact:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

**Phone(s):** \_\_\_\_\_