Name:	Phone: <u>(</u>)	Date:	
Broadway Hope, INC.				
PARTICIPANT AGREEMENT, RELEASE, AND ACKNOWLEDGMENT OF RISK				
In Consideration of the services of Broadway Hope, their agents, owners, officers, volunteers, participants, employees, and all other persons or entities acting in any capacity on their behalf (hereinafter collectively referred to as "Broadway Hope"), I hereby agree to release, indemnify, and discharge the Broadway Hope, on behalf of myself, my children, my parents, my heirs, assigns, personal representative and estate as follows:				
 I acknowledge that my participation in outdoor adventure based activities such as land hiking, creek hiking, backpacking, camping, and low ropes course activities entails known and unanticipated risks which could result in physical or emotional injury, paralysis, death, or damage to myself, to property, or to third parties. I understand that such risks simply cannot be eliminated without jeopardizing the essential qualities of the activity. I expressly agree and promise to accept and assume all of the risks existing in this activity. My participation in this activity is purely voluntary, and I elect to participate in spite of the risks. I hereby voluntarily release, forever discharge, and agree to indemnify and hold harmless Broadway Hope 				
from any and all claims, demands, or causes of action, which are in any way connected with my participation in this activity or my usage of the Broadway Hope's equipment facilities, including any such claims which allege negligent acts or omissions of Broadway Hope.				
 I hereby grant permission photographs may be used by [] Check here if I do not obligated to inform the organ placed on my child's right sleed. Should Broadway Hope or a this agreement, I agree to inform I certify that I have adequate agree to bear the costs of secould interfere with my safe may be created, directly or information. In the event that I file a law further agree that the subselaw rules of that state. I agreed to provide the costs of that state. 	for my child to be phenomenate Broadway Hope in diginal want my child to be phenomenated and Broadway Hope and Broadway Hope eve. During the group anyone acting on their backenify and hold then be insurance to cover a cuch injury myself. I further in this activity, or endirectly by any such conditions against Broadway attentive law of that stagme that if any portion	tal or print for the cotographed. The cotographed is personal to the cotographed in the cotographed is personal to the cotographed in the cotographed in the cotographed in the cotographed is personal to the cotographed in the co	rms for both informational or In condition of no photogra yellow sticker, provided by Eon, I assure that my child will puired to incur attorney's feed or all such fees and costs. I may incur or suffer while that I have no medical or pling to assume and bear the ee to do so solely in the Starty in that action without results.	r promotional purposes. phing of my child, I am Broadway Hope, can be II voluntarily step aside. It is and costs to enforce the participating or else I physical conditions that the costs of all risks that the attention of the conflict of the conflict of
remaining portions shall rem				
By signing this document, I acknowledge that if anyone is hurt or property is damaged during my participation in this activity, I may be found by a court of law to have waived my right to maintain a lawsuit against the Broadway Hope on the basis of any claim from which I have released him or her herein. I have had sufficient opportunity to read this entire document. I have read and understood it, and I agree to be bound by its terms.				
(Everyone must sign the emerge	ncy contact)			
Emergency Contact: (Name)				
(If over 18, complete this portion	ı)			
Signature of Participant:	Print Name: _		Date Signed:	
Email Address:			Date & Duration of Activity:	:
PARENT'S OR GUARDIAN'S ADDITIONAL INDEMNIFICATION (complete this portion for those under 18)				
In consideration of being permitted by Broadway Hope to participate in its activities and to use its equipment and facilities; I further agree to indemnify and hold harmless Broadway Hope from any and all claims which are brought by, or on behalf of minor, and which are in any way connected with such use or participation by minor.				
Signature of Parent or Guardian:				

Printed Name of Parent/Guardian: ______ Date signed: _____