

**This form should be completed by the person participating in the activity. Complete this form and bring it to the activity.**

### ***Statement of Personal Responsibility***

I have been informed of the scope of the activity \_\_\_\_\_  
(Name of Activity)

that will take place on \_\_\_\_\_.  
(Date of Event)

I am my own guardian.

I understand that I may become injured or ill during the activity. I agree if this occurs through no negligence on the part of activity provider, I will not hold the activity provider or its employees liable for the illness or injury.

I understand that this is a public event and photographs, videos, or other images may be taken of me and may be used in connection with promotion of such activities without compensation to me.

I have been made aware of rules and conditions applicable to the activities made. I will pay any costs and fees for the activities, and I acknowledge my participation is at the discretion of the activity's provider.

I have fully disclosed to the activity staff all pertinent facts about my needs; and acknowledge full responsibility if I do not do so.

If I am unable to read, this form has been read to me and I understand the information.

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)