



**CFWF HUNT PROGRAM  
ASSUMPTION OF RISK, ACCIDENT WAIVER AND RELEASE OF LIABILITY FORM**

I HEREBY ASSUME ALL OF THE RISKS OF PARTICIPATING IN ANY/ALL ACTIVITIES ASSOCIATED WITH THE CENTER FOR WARRIOR FOUNDATION HUNT PROGRAM, including by way of example and not limitation, any risks that may from negligence or carelessness on the part of the persons or entities being released from dangerous arise or defective equipment or property owned, maintained, or controlled by them, or because of their possible liability without fault.

I certify that I have sufficiently prepared or trained for participation in this activity whether ambulatory or non-ambulatory and have not been advised to not participate by a qualified medical professional. I certify that there are no health-related reasons or problems which preclude my participation in this activity, even if required for a wheelchair.

I acknowledge that this Assumption of Risk, 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 activity.

In consideration of my application and permitting me to participate in this activity, I hereby act for myself, my executors, administrators, heirs, next of kin, successors, and assigns as follows:

(A) I WAIVE, RELEASE, DISCHARGE AND ASSUME ALL RISK 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 Center for Warriors Foundation (CFWF) 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 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 CFWF 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 a test of a person's physical and mental limits and 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, condition of participants, equipment, vehicular traffic, lack of hydration, and actions of other people including, but not limited to, participants, volunteers, monitors, and/or producers of the activity. These risks are not only inherent to participants but are also present for volunteers.

Wheelchair Hunters: I acknowledge that I have received training for the Action All Terrain Track Wheelchair and have 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 there are no health-related reasons or problems which preclude my participation in this activity.

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



I understand while participating in this activity, I may be photographed or filmed. 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.

I understand that this is not a guided hunt and CFWF are not guides. There is no fee for this hunt nor are tips accepted in any way.

The Assumption of Risk, Accident Waiver and Release of Liability Form shall be construed broadly to provide a release and waiver to the maximum extent permissible under applicable 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.

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Participant's Name \_\_\_\_\_ Date \_\_\_\_\_ Participant's Signature \_\_\_\_\_ Age \_\_\_\_\_  
(Please print legibly.)

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Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_  
(If under 18 years old, Parent or Guardian must also sign.)