



2500 Memorial Blvd. Suite C, Kerrville, Texas www.humblingbloom.com

info@humblingbloom.com Assumption of Risk- Waiver of Liability-Medical Authorization-Photo Release At humblingBloom, LLC we provide each individual with a Fun and Safe as possible atmosphere. However, accidents can happen therefore we must have your prior consent for you to be able to participate at humblingBloom, LLC. You must fill out this form Completely and signing is required to participate in our parties/events.

YOU MUST HAVE THIS FORM AT SIGN -IN TO ATTEND CLASS, EVENT AND OR PARTY

PLEASE PRINT CLEARLY AND FILL IN ALL BLANKS

PARTICIPANTS Name _____ D.O.B. _____

Parent or Legal Guardian if a Minor _____ Relationship _____

Address _____ City _____ State _____ Zip _____

Emergency Contact _____ Cell(1) _____ Participant Cell _____

Have you ever been enrolled at humblingBloom, LLC? Yes ___ No ___ How did you hear about us? _____

Would you like to receive information about humblingBloom, LLC Classes, Events etc.....?

Yes _____ No _____ E-mail _____

Any Medical Conditions to State _____

Assumption of Risk-Waiver of Liability-Medical Authorization-Photo Release (1) I understand that the activity involves risk of serious bodily injury, including permanent disability, paralysis, and death, which may be caused by the participants actions or inactions, those of others participating in the Activity, the conditions in which the activity takes place, the negligence of the "Released Parties" named below, or other causes. I further understand that there may be other risks either not known to me or not readily foreseeable at this time. I fully accept & assume all such risks and all the responsibility for losses, cost, and damages that may result from the Activity. I hereby give my approval of and consent to the participation in the Activity. I assume all risk & hazards incidental to the Activity and to transportation to and from the Activity. (2) I hereby release, acquit, covenant not to sue, and forever discharge humblingBloom, LLC. its owners, officers, administrators, employees. agents, volunteers, sponsors, advertisers, coaches and supervisors, and the owners and lessors of any facilities within which the activity is conducted, their respective agents and employees, and all the persons providing facilities or assisting in the conduct of the Activity.(collectively the ("Released Parties")) of and from any and all actions, causes of action, claims, demands, liability, losses or damages of whatever name or nature, including but not limited to those arising from or in any way related to the negligence of any of the Released Parties, that arise out of or are connected in any way to the participants participation in the Activity and the transportation of the above named participant to and from the Activity(collectively the ("Released Claims")). (3)

I Authorize humblingBloom, LLC to provide to the participant, through medical personal of it's choice, customary medical assistance, transportation, and emergency medical services should the participant require such assistance, transportation, or services as a result of an injury, or damage related to the participation in the Activity. If the participant is a minor and a parent or guardian is not present, efforts will be made to contact a parent or guardian that are reasonable under the circumstances, but treatment will not be withheld if a parent or guardian cannot be reached. (4) I am aware that individual or group publicity photos or videos may be taken from time to time and in consideration for my or my child(ren)'s participation. I hereby grant my permission for my photos to be used in publicity or advertising. I understand that no compensation will be given by the studio or by the user of such picture. (5) I have read the RELEASE AND WAIVER OF LIABILITY. I UNDERSTAND THAT

I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT AND HAVE SIGNED IT FREELYAND WITHOUT ANY INDUCEMENT OR ASSURANCE OF ANY NATURE AND INTENDIT TO BE COMPLETE AND UNCONDITIONAL RELEASE OF ALL LIABILITYTO THE GREATEST EXTENT ALLOWED BY LAW.

PARTICIPANT SIGNATURE IF OVER 18 _____ Date _____

PARENT OR Legal GUARDIAN

SIGNATURE IF PARTICIPANT IS A MINOR _____ Date _____

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