



HEREBY ASSUME ALL OF THE RISKS OF PARTICIPATING IN ANY/ALL ACTIVITIES ASSOCIATED WITH THIS EVENT, including by way of example and not limitation, any risks that may arise from negligence or carelessness on the part of the persons or entities being released, from dangerous or defective equipment or property owned, maintained, or controlled by them, or because of their possible liability without fault. I certify that I am physically fit, 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 that preclude my participation in this activity. In consideration of my application and permitting me to participate in this activity, I hereby take action for myself, my executors, administrators, heirs, next of kin, successors, and assigns as follows:

I WAIVE, RELEASE, AND DISCHARGE 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: STRATFORD AXES INC. and/or their owners, directors, officers, employees, volunteers, representatives, and agents, and the activity holders, sponsors, and property owners (L&H Holdings Inc.)

I acknowledge that while I am participating in the above noted activity, I will be monitored by video camera and may be photographed after participating in the activity described above. I hereby consent to give Stratford Axes permission to allow my photograph to be displayed, published or distributed.

I acknowledge that I am at least 16 years old. (If the participant is under 16 years of age, a Parent/Guardian must sign this contract.)

I ACKNOWLEDGE THAT I HAVE READ THIS DOCUMENT AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT BETWEEN MYSELF AND STRATFORD AXES INC., AND SIGN IT OF MY OWN FREE WILL.

1. _____ 20_____
Participant's Name (Please print clearly) Signature Date

I would like to receive notification of special events! Email: _____

2. _____ 20_____
Participant's Name (Please print clearly) Signature Date

I would like to receive notification of special events! Email: _____

3. _____ 20_____
Participant's Name (Please print clearly) Signature Date

I would like to receive notification of special events! Email: _____

4. _____ 20_____
Participant's Name (Please print clearly) Signature Date

I would like to receive notification of special events! Email: _____

Parent/Guardian's Name (Please print clearly) Signature Date

(Signature of Parent/Guardian required only if Participant in under 16 years of age)