



## Courageous Challenge 2017

### Release Form for Courageous Challenge

#### Important Terms and Conditions

The AFM Courageous Challenge is a voluntary activity undertaken to accomplish the charitable purposes of Armed Forces Mission by raising awareness of and funds for the training of individuals and communities in suicide intervention. As with any activity, there is a risk of injury (or even death) from participating in, or acting as a spectator to, the Courageous Challenge. Participants in and spectators of the Courageous Challenge are advised to carefully consider any health issues, environmental/location concerns and other factors and/or unforeseen hazards that might adversely impact the ability to undertake the Challenge safely.

**Individuals participating in the Courageous Challenge do so at their own election and at their own risk**, and by their participation agree (on their own behalf and on behalf of anyone else who might make a claim in their place) to waive, release and discharge Armed Forces Mission, and to indemnify, hold harmless and agree not to sue Armed Forces Mission and its affiliates and representatives for any loss, liability, cost, damages (including reasonable attorney's fees) or other claims that might arise from or in relation to their participation in the Courageous Challenge, whether due to negligence or otherwise. Participants are encouraged to consult their health care providers with any questions regarding how the Courageous Challenge might affect their health, and any Participants under the age of 18 should obtain permission from a parent/guardian. **Armed Forces Mission is not responsible for, and specifically disclaims responsibility for, any loss, injury liability, cost, damages or other claims arising from or in relation to the Courageous Challenge.**

Armed Forces Mission has no control over the actions of Participants or spectators to any Courageous Challenge. Participants or spectators that require first aid and/or other medical treatment or related services in relation to an injury or illness that arises in connection with participation in the Courageous Challenge remain solely and exclusively responsible for and all liability or claims arising out of or in relation to such treatment and/or services.

By signing I agree to the Terms and Conditions

Participant Signature \_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Emergency Contact Name \_\_\_\_\_ Contact number \_\_\_\_\_

**If you are under the age of 18 at time of event signature of parent/guardian required:**

Signature of Parent/Gurdian \_\_\_\_\_

Print Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**This Form must be completed and turned in prior to participation on the day of event.**

Location of Event will be announced on the website at [CourageousChallenge.com](http://CourageousChallenge.com)

Doors will open at 8 AM Event will start at 9 AM. You must be present for the safety briefing at 8:30 to participate in event.

You will sweat – Bring a hand towel!



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### Image Release Form

I hereby grant Armed Forces Mission permission to use my likeness in photographs, video recordings or electronic images in any and all of its publications, including website entries, without payment or any other consideration. I understand and agree that these materials will become the property of the organization and will not be returned. I hereby irrevocably authorize the organization to edit, alter, copy, exhibit, publish or distribute these images for purposes of publicizing the organization's programs or for any other lawful purpose. In addition, I waive the right to inspect or approve the finished product, including written or electronic copy, wherein my likeness appears. Additionally, I waive any right to royalties or other compensation arising or related to the use of my image. I hereby hold harmless and release and forever discharge the organization from all claims, demands, and causes of action which I, my heirs, representatives, executors, administrators, or any other persons acting on my behalf or on behalf of my estate have or may have by reason of this authorization.

I am 18 years of age and am competent to contract in my own name, or if I am under age 18, a parent or guardian has signed below. I have read this release before signing below and I fully understand the contents, meaning and impact of this release.

Participant Signature \_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Signature of Parent/Guardian \_\_\_\_\_

Print Name \_\_\_\_\_