



## RELEASE AND WAIVER

As a precedent to my participating in the Four Mounds Foundation Ropes Course, I, the undersigned, knowing and voluntarily assume any and all risks inherent in participation and agree to abide by all rules and regulations established by: TeamBuilding Blocks, L.L.C., its officers, directors, officials, volunteers, agents or employees, its successors or assigns; Dan Block, individually; and Four Mounds Foundation, its officers, directors, officials, volunteers, agents or employees, its successors or assigns. I further waive any right to claim against TeamBuilding Blocks, L.L.C., its officers, directors, officials, volunteers, agents or employees, its successors or assigns; Dan Block, individually; and Four Mounds Foundation, its officers, directors, officials, volunteers, agents or employees for loss of life, bodily injury, property damage and/or loss, or personal loss that may be sustained as a result of my participation.

In addition, I am waiving my right to claim against TeamBuilding Blocks, L.L.C., its officers, directors, officials, volunteers, agents or employees, its successors or assigns; Dan Block, individually; and Four Mounds Foundation, its officers, directors, officials, volunteers, agents or employees and I am releasing them from any and all liability which may be based on the acts omissions or negligence of TeamBuilding Blocks, L.L.C., its officers, directors, officials, volunteers, agents or employees, its successors or assigns; Dan Block, individually; and Four Mounds Foundation, its officers, directors, officials, volunteers, agents or employees.

I have no health problems that would interfere with my participation in the Four Mounds activities that I select. I understand that there are inherent risks in Ropes Course activities.

This Waiver is valid for the current year and all future years.

Dated the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Signature of Participant

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

\_\_\_\_\_  
Complete Address

\_\_\_\_\_  
Phone Number

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

\_\_\_\_\_  
Emergency Contact Phone Number