

INDEMNITY FORM A

Emergency Contact Details for Athlete: _____

Athlete Name: _____

Athlete Contact Number: _____

Athlete Address: _____

Name of contact person during emergency: _____

Relationship to Athlete: _____

Address: _____

Contact Number: _____

I HEREBY GIVE MY CONSENT FOR ANY MEDICAL TREATMENT THAT MAY BE REQUIRED DURING MY PARTICIPATION WITH THE UNDERSTANDING THAT THE COST OF ANY SUCH TREATMENT WILL BE MY RESPONSIBILITY.

IN CONSIDERATION of EXTINCT EVENTS permitting the Athlete to participate in the event, the Athlete, on behalf of himself or herself and his or her heirs, successors and personal representatives, hereby irrevocably and unconditionally agrees to be bound by the following:

- a) **DISCLAIMER:** EXTINCT EVENTS, and/ or any of its employees, affiliates and/or assigns shall not be responsible for any injury, including death , suffered by the Athlete and/ or any other person , or for any loss or injury to property of the Athlete and/or any other person, at any time for any reason whatsoever.
- b) **RELEASE:** The athlete shall behave responsibly and take all appropriate procedures, and assume all risks in connection with the event. (S)he hereby releases EXTINCT EVENTS from any and all actions, causes of action, claims or demands of whatsoever kind and howsoever arising relating to the event.
- c) **INDEMNITY:** The athlete does hereby covenant and agree with EXTINCT EVENTS that the Athlete will, at all times hereafter, indemnify and save harmless EXTINCT EVENTS including its employees, affiliates and/or assigns and each of them from all suites, actions, causes of actions, claims or demands of whatsoever kind and howsoever arising which may be made or brought against EXTINCT GAMES in any way arising out of the participation of the athlete in the event or otherwise arising, including the cost of defending any such suites, actions or claims on a substantial indemnity basis.

SIGNATURE OF ATHLETE: _____ **SIGNATURE OF EVENT HOST:** _____