



ROOTS SCHOOL

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Waiver Form

Course Title: _____

Course Date: _____

RELEASE WAIVER: Please read carefully and initial each paragraph.

_____ ROOTS School LLC takes reasonable care to prevent serious injuries and to minimize accidents. I am fully aware that ROOTS School LLC programs, even under the safest conditions possible, may be dangerous, and I hereby agree to knowingly and voluntarily accept full responsibility and assume all risks, including those caused by acts of God, injury, death, and/or loss to me and/or my property. I agree to obey the rules and regulations set down ROOTS School LLC in order to minimize these risks.

_____ I knowingly, voluntarily, and irrevocably waive any and all claims, of any sort whatsoever, arising from my participation in or observation of, any Roots School LLC program. I certify that I am physically able to participate in the said ROOTS School LLC programs despite the rigors and dangers inherent in such an undertaking. I accept all responsibility for any injury, death, and/or loss to me or my property, including by acts of God, for the rigors and dangers inherent in this undertaking.

IN CONSIDERATION of being permitted to participate in any way in the activities of training by ROOTS School LLC Programs, I acknowledge and agree that:

_____ 1. The risk of injury from the activity involved in ROOTS School LLC Programs is significant, including the potential for permanent disability and death, and while particular protective equipment and personal discipline will minimize this risk, the risk of serious injury does exist;

_____ 2. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE of those persons released from liability herein, and assume full responsibility for my participation; and,

_____ 3. I understand that the activities of ROOTS School LLC Programs are physically and mentally intense. I agree to comply with all rules and regulations. If I observe any unusual or unnecessary hazard during my participation, I will bring such to the attention of the nearest staff member as soon as practical; and,

_____ 4. I, for myself and my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE AND HOLD HARMLESS FROM LIABILITY ROOTS School LLC, the instructors of ROOTS School LLC Classes, as well any volunteers, and the host of ROOTS School LLC Programs, WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person or property, WHETHER CAUSED BY THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE, except that which is the result of gross negligence and/or wanton misconduct.

_____ 5. I understand and agree that this Release of Liability Agreement covers each and every ROOTS School LLC activity and event in which I participate hereafter.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

X _____ Date Signed: _____ Phone #: _____
PARTICIPANT'S SIGNATURE

ADDRESS CITY, STATE ZIP CODE