

WAIVER AND ASSUMPTION OF RISK

I, we, the undersigned agree that HRCE, operating with HRM, and the employees, agents, staff and instructors of the HRCE, operating with the HRM, and their landlords and lessors, shall not be liable for such personal injury, death or property loss, and I waive all claims with respect thereto.

I, we, ACCEPT AND FULLY ASSUME, full responsibility for any liability with respect to personal injury, death or property loss.

Group/Organization Name:		
Group/Organization Signature:		
Contact Name:		
Address (full mailing address):		
Date:		
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For Office Use Only		
Staff Receiving:	Date:	