I HEREBY ASSUME ALL OF THE RISKS OF PARTICIPATING IN THE **No Limit Health and Education, Inc.** Programs, Events, or community empowerment initiatives including by way of example and not limitation, any risks that may arise from negligence or carelessness on the part of the persons or entities being released, from dangerous or defective equipment or property owned, maintained, or controlled by them, or because of their possible liability without fault.

I certify that I am physically fit, have sufficiently prepared for participation in the Program, Event, or Community Empowerment initiative and have not been advised to not participate by a qualified medical professional. I certify that there are no health-related reasons or problems which preclude my participation in these sessions.

I acknowledge that this Accident Waiver and Release of Liability Form will be used by No Limit Health and Education, Inc. for their Program, Event, or Commmunity initiative which I may participate, and that it will govern my actions and responsibilities at said sessions.

In consideration of my application and permitting me to participate in these sessions, I hereby take action for myself, my executors, administrators, heirs, next of kin, successors, and assigns as follows:

A. I WAIVE, RELEASE, AND DISCHARGE from any and all liability, including but not limited to, liability arising from the negligence or fault of the entities or persons released, for my death, disability, personal injury, property damage, property theft, or actions of any kind which may hereafter occur to me including my traveling to and from these sessions, THE FOLLOWING ENTITIES OR PERSONS: No Limit Health and Education, Inc. employees, volunteers, and/or representatives;

B. I INDEMNIFY, HOLD HARMLESS, AND PROMISE NOT TO SUE the entities or persons mentioned in this paragraph from any and all liabilities or claims made as a result of participation in this activity or event, whether caused by the negligence of release or otherwise.

I acknowledge that these programs, events, or community empowerment initiatives may involve a test of a person's physical and mental limits and may carry with it the potential for death, serious injury, and property loss. The risks may include, but are not limited to, those caused by terrain, facilities, temperature, weather, condition of participants, equipment, vehicular traffic, actions of other people including, but not limited to, participants, employees, volunteers, representatives and lack of hydration. These risks are not only inherent to participants, but are also present for volunteers.

I hereby consent to receive medical treatment which may be deemed advisable in the event of injury, accident, and/or illness during these sessions.

I understand that during my sessions, I may be photographed. I agree to allow my photo, video, or film likeness to be used for any legitimate purpose by No Limit Health and Education, Inc.

The accident waiver and release of liability shall be construed broadly to provide a release and waiver to the maximum extent permissible under applicable law.

I CERTIFY THAT I HAVE READ THIS DOCUMENT, AND I FULLY UNDERSTAND ITS CONTENT. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT AND I SIGN IT OF MY OWN FREE WILL.

Print Participant's Name	Age	Signature	Date

(If under 18 years old, parent or guardian must also sign)

PARENT / GUARDIAN WAIVER FOR MINORS (Under 18 years old)

The undersigned parent and natural guardian does hereby represent that he/she is, in fact, acting in such capacity, has consented to his/her child or ward's participation in these activities, and has agreed individually and on behalf of the child or ward, to the terms of the accident waiver and release of liability set forth above. The undersigned parent or guardian further agrees to save and hold harmless and indemnify each and all of the parties referred to above from all liability, loss, cost, claim, or damage whatsoever which may be imposed upon said parties because of any defect in or lack of such capacity to so act and release said parties on behalf of the minor and the parents or legal guardian.

Parent's Name	Signature	Date