

PARTICIPANT WAIVER, RELEASE OF LIABILITY, COVENANT NOT TO SUE & IMAGE RELEASE

- 1. In consideration of be ing allowed to participate in Zubaball (Bubble or Zorb Football) and the competition(s), race(s), match(es), related events and/or activities which make up the Event (the "Event"), I, the undersigned, acknowledge, covenant and agree that: The risk of injury and/or death from the activities involved in the Event is significant, including, but not limited to the following: (i) sprains; (ii) strains; (iii) broken bones; (iv) fractures; (v) cuts and bruises; (vi) heart attack and (vii) the potential for permanent paralysis and/or death.
- 2. I am aware of the ris ks involved and I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, BOTH KNOWN AND UNKNOWN, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASES or others, and assume full responsibility for my participation;
- 3. I, for myself and on behalf of my heirs, assigns, personal representatives and/or next of kin, forever WAIVE, RELEASE, DISCHARGE and COVENANT NOT TO SUE, Rory Miller and any sub-contractors, officials, agents and/or assigns, as well as any independent contractors, sponsoring agencies, sponsors, advertisers, volunteers, and if applicable, owners and lessors of the premises used to conduct the Event (collectively, the "Releases"), WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, and/or loss or damage to person or property, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE. I further agree to indemnify, defend and hold harmless Releases from any loss, liability, cost, claim or damages arising from my participation in or association with activities and events organized and sponsored by Rory Miller or connected with the Events
- 4. I agree that I will not sue or make any claim for damages or losses against the Releases and I indemnify the Releases from all claims, legal costs and legal fees related to any action brought as a result of my participation in the Event.
- 5. I attest and verify that I am free from all illnesses, injuries and defects and that I am physically and mentally fit and sufficiently trained to participate in all activities associated with the Events. My participation in activities and events organized by Rory Miller is entirely voluntary.
- 6. I will operate all equipment used in the Event in a safe and reasonable manner and I take full responsibility for any injury or damage which I may inflict on another person or their property as a result of my participation in the Event. I will NOT kick, punch, throw, jump on or use the Zorbs in any way other than instructed. I understand that should the Zorb become damaged from my misuse I will be liable to pay the cost of a replacement Zorb (approximately £400).
- 7. I irrevocably and absolutely grant permission to the Releases to photograph, film, videotape and record my participation in the Event and subsequently to utilise the images in

whatever manner the Releases shall deem appropriate. This permission includes the granting of unlimited and irrevocable right to the Releases, without compensation of any kind to me, in perpetuity, to use, reproduce or broadcast, these images. EMERGENCY CONTACT INFORMATION (required)			
			Contact Name:
ADULTS			
I am over 18 years of age and I understarights, I have read and fully understand	and that this document constitutes a the document and I sign it freely a	a release of liability and a waiver of my legal nd voluntarily without any inducement.	
Print Name :	Email address :		
Signed:	Date:		
CHILDREN and MINORS (if under 18)) – SIGNATURE OF PARENT OR	GUARDIAN (required)	
The undersigned, referred to as the paracting in such capacity and agrees to incabove as the Releases from all loss, liabibecause of any defect in or lack of such	lity, damage, cost or claim whatsoe	eby represent that he/she (they) is (are), in fact, ch and all of the parties herein referred to ver that may be imposed upon said Releases Releases on behalf of the undersigned.	
Name of Minor:	Email Address	: :	
Name of Parent/Legal Guardian :	Email Address	Email Address :	

Date:

Relationship to Minor:

Signature of Parent/Legal Guardian: