

Autism Down Corp.
1500 Echohollow Rd.
Edmond, OK 73025
(903) 717-1271
Hello@Autismdown.org



I hereby acknowledge that I am voluntarily participating in the Autism Down's Fishing Program ("the Program"). In consideration for being permitted to participate in the Program, I agree to release and hold harmless Autism Down's Fishing Program, its organizers, volunteers, sponsors, and any associated personnel from any and all liability, claims, demands, actions, and causes of action whatsoever, arising out of or related to any loss, damage, or injury, including but not limited to bodily injury, personal injury, illness, death, or property damage, that may be sustained by me or to any property belonging to me, whether caused by the negligence of the releases or otherwise while participating in the Program or while on the premises where the Program is being conducted.

I understand and acknowledge that fishing, like any outdoor activity, involves inherent risks, including—but not limited to—accidents, illness, and unforeseen events. I voluntarily assume all such risks and agree that Autism Down's Fishing Program, its organizers, volunteers, sponsors, and any associated personnel shall not be liable for any such risks.

I hereby release, waive, discharge, and covenant not to sue Autism Down's Fishing Program, its organizers, volunteers, sponsors, and any associated personnel from any and all claims, demands, actions, and causes of action whatsoever arising out of or related to any loss, damage, or injury, including but not limited to bodily injury, personal injury, illness, death, or property damage, that may be sustained by me or to any property belonging to me, whether caused by the negligence of the releases or otherwise while participating in the Program or while on the premises where the Program is being conducted.

I further agree to indemnify and hold harmless Autism Down's Fishing Program, its organizers, volunteers, sponsors, and any associated personnel from any and all expenses, including legal fees, arising out of or related to any claims, demands, actions, or causes of action brought by third parties arising out of or related to my participation in the Program.

I understand that this waiver and release of liability shall be binding upon my heirs, executors, administrators, successors, and assigns and shall be governed by the laws of the jurisdiction in which the Program is conducted.

I have read this waiver and release of liability, fully understand its terms, and voluntarily agree to be bound by its provisions.

Participant's Signature: _____

Participant's Printed Name: _____

Date: _____