



Parties On Air, LLC ("POA")

THIS IS A LEGALLY BINDING AGREEMENT. BY SIGNING THIS AGREEMENT, YOU GIVE UP YOUR RIGHT TO RECOVER COMPENSATION OR OBTAIN ANY OTHER REMEDY ARISING FROM ACTIVITIES AT POA

In consideration of being allowed to enter the POA facilities and/or participate in any activities at POA, I agree as follows:

1. I understand that use of the POA facilities may be dangerous and may involve the risk of serious bodily injury. I have full knowledge of the nature and extent of the risks associated with the facilities and activities.
2. I will observe all rules and regulations of POA, and although adherence to rules, use of safety equipment, and personal discipline reduces the risk of injury, I realize that the risk continues to exist. I agree that if I observe any hazard during my participation, I will promptly bring it to the attention of the nearest POA staff member.
3. On behalf of myself, my heirs, representatives, executors, administrators and assigns (the "Releasors"), I **HEREBY RELEASE AND HOLD HARMLESS** POA, its affiliates, owners, officers, employees, agents and other participants (the "Releasees") from any cause of action, claim, or demand of any nature whatsoever (except for their gross negligence or willful misconduct) that the Releasors may now have or have in the future against the Releasees on account of personal injury, or property damage of any kind, arising out of or in any way related to my use of the POA facilities, whether that participation is supervised or unsupervised, and however the injury, damage or loss is caused, including but not limited to the negligence of the Releasees.

_____/_____/_____
Participant Name and Date of Birth

_____/_____/_____
Participant Name and Date of Birth

(Parent or Guardian Print Name)

X_____
(Parent or Guardian Signature)

Address: _____

City/Zip: _____

Phone Number: _____

Emergency/Cell Number: _____

Email: _____

