



## ***AB Training Program***

### **Participant Liability Release Form**

**Participant's Name:** \_\_\_\_\_

**Date(s) of Training Program:** \_\_\_\_\_

I have elected to participate in a training program offered by EJ Visuals, LLC pursuant to a contract with the City of Bellingham. My participation in the training program is voluntary. I recognize that participation in this program is not without risks.

Therefore, in consideration of EJ Visuals and Eero Johnson's willingness to allow me to participate in the training program, I agree not to hold Eero Johnson, EJ Visuals, each of their employees, respective successors, assigns, affiliates, licensees and agents responsible for any accident or injury that may occur during my participation in the training program including, but not limited to, accidents caused by negligent acts or omissions of the City.

I agree to waive any and all claims against EJ Visuals or Eero Johnson that arise from my participation in the program including claims based on the negligent acts or omissions of EJ Visuals, its assigns, or employees.

I assume complete financial responsibility for any and all costs relating to any accident or injury that I may suffer as a result of my participation in the program.

I have reviewed this waiver in its entirety and been afforded the opportunity to review it with legal counsel. I am knowingly, intelligently, and voluntarily waiving my legal rights in order to participate in this training program.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Parent/Guardian  
Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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