

CONSENT FORM

This Consent Form("Consent") made on _____, 20____, by and between _____ with a mailing address of _____ ("Consentee") and _____ with a mailing address of _____("Releasee").

Sufficiency of the consideration being acknowledged, by this Consent, the Consentee hereby releases, remise, and forever discharge the Releasee and his/her/its heirs, assigns, officers, directors, managers, members, partners, subsidiaries, affiliates, employees, instructors, volunteers, representatives, and agents (collectively, the "Released Parties") from any and all claims, actions, demands, causes of action, or lawsuits of any kind or nature that the Consentee now have or may hereinafter have for injury or damage to both person and property relating to the following:

Further, the Consentee hereby releases, remise, and forever discharge the Released Parties from any and all claims, actions, demands, causes of action, or lawsuits of any kind or nature that the Consentee now has or may hereinafter have for injury or damage to both person and property relating to the

above-described activity, and agree to indemnify and hold harmless the Released Parties from any claims, causes of action, demands, actions, judgments, and lawsuits resulting from the same.

It is understood and agreed that this Agreement is made and received in the full and complete settlement and satisfaction of the causes of action, claims, and demands mentioned herein; that this Consent contains the entire Agreement between the parties; and that the terms of this Agreement are contractual and not merely a recital.

Furthermore, this Consent shall be binding upon the undersigned, and his respective heirs, executors, administrators, personal representatives, successors, and assigns.

This Consent shall be governed by the laws of the State of

_____.

This Consent has been read and fully understood by the undersigned and has been explained to me.

Consentee's Signature _____ **Date:** _____

Print Name: _____

Releasee's Signature _____ **Date:** _____

Print Name: _____

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