

**VOLUNTEER PARTICIPANT WAIVER OF LIABILITY AND ASSUMPTION OF RISK \***  
**PLEASE READ CAREFULLY \***

I understand that my participation in any of the programs/classes/events hosted by Kevin Blackburn, Leeson Strategic, and/or any of the instructors at these events is a voluntary activity, and that my participation is my free choice. I agree to perform my assigned tasks responsibly. In consideration of being allowed to participate in these voluntary training activities, I hereby agree to **ASSUME THE RISKS OF PROPERTY DAMAGE, INJURY, ILLNESS, OR DEATH** in any way associated with my participation in these activities. I agree to **RELEASE, DEFEND, INDEMNIFY, AND HOLD HARMLESS** Kevin Blackburn and Leeson Strategic, the instructors, and agents for any and all rights and claims for damages, including attorney fees, I now, or may hereafter have, whether known or unknown, in law or in equity, and arising from or in any way connected with my participation in the Leeson Strategic activities.

I agree that the terms stated herein shall also serve as a **WAIVER OF LIABILITY AND ASSUMPTION OF RISK** for my heirs, estate, executor, administrator, assignees, and for all members of my family. PHOTO RELEASE Furthermore, I give my permission to have photos and/or video recordings taken of me or my child(ren) for publicity and/or marketing purposes during these Leeson Strategic activities, even though we will not receive compensation of any kind for appearing in such photos or video recording. **CAUTION** I acknowledge that I have carefully read this **WAIVER OF LIABILITY AND ASSUMPTION OF RISK** and fully understand that I am waiving any rights that I may now or hereafter have to bring a legal action to assert any claim against Kevin Blackburn and Leeson Strategic and/or any of its instructors or agents in connection with my participation in this voluntary training activity.

I accept the conditions. Printed above:

\_\_\_\_\_ Participant Signature

Date \_\_\_\_\_

Print Participant Name A parent or guardian signature is required if the participant is under 18 years of age. By signing this **WAIVER OF LIABILITY AND ASSUMPTION OF RISK** on behalf of a minor, the undersigned parent or guardian is agreeing to be bound by the above conditions on behalf of him or herself and on behalf of the participant.

\_\_\_\_\_  
Parent or Guardian Signature

Date \_\_\_\_\_

Participant

Printed Name \_\_\_\_\_

Address \_\_\_\_\_

Email \_\_\_\_\_

Phone \_\_\_\_\_

Mobile \_\_\_\_\_

EMERGENCY CONTACT

Printed Name \_\_\_\_\_

Address \_\_\_\_\_

Email \_\_\_\_\_

Phone \_\_\_\_\_

Mobile \_\_\_\_\_