

IRON THREADS WAIVER AND RELEASE OF LIABILITY

Participant Name: _____

Address: _____

Phone Number: _____ **Date of Birth:** _____

Emergency Contact Name: _____

Emergency Contact Phone Number: _____

Description of Activities: The mentorship program will involve various physical activities, including but not limited to welding, car maintenance, using tools and heavy equipment, fishing, swimming, starting campfires, transportation by vehicle and other similar activities. These activities may involve risks and hazards, including but not limited to, physical injury, burns, cuts, bruises, and other harm.

Assumption of Risk: I, the undersigned participant, acknowledge and understand that participating in the activities related to the Iron Threads mentorship program involves inherent risks and hazards. I voluntarily choose to participate in these activities and assume all risks associated with them.

Waiver and Release: In consideration of being allowed to participate in the mentorship program, I hereby release, waive, discharge, and covenant not to sue Iron Threads, its leaders, directors, employees, volunteers, and agents (collectively, "the Releasees") from any and all liability, claims, demands, actions, or causes of action arising out of or related to any loss, damage, or injury, including death, that may be sustained by me, or to any property belonging to me, whether caused by the negligence of the Releasees or otherwise, while participating in the mentorship program or in any activities related thereto.

Indemnification: I agree to indemnify and hold harmless the Releasees from any and all claims, demands, actions, or causes of action, including attorney's fees, arising out of or related to my participation in the mentorship program or any activities related thereto.

Medical Treatment: I hereby authorize the Releasees to seek medical treatment on my behalf in the event of an injury or illness that occurs during my participation in the mentorship program. I agree to be financially responsible for any medical treatment and related expenses incurred as a result of such injury or illness.

Acknowledgment: I acknowledge that I have read and fully understand the terms of this Waiver and Release of Liability. I understand that I am giving up substantial rights, including the right to sue, and I sign this agreement voluntarily and without any inducement.

Signature of Participant: _____ **Date:** _____

Guardian Signature (if required): _____ **Date:** _____