



### Assumption of Risk/Release of Liability Form

In consideration of my participation in SNAP Programs, I expressly and knowingly release SNAP Inc. its representatives and agents; its officers, and employees, from any and all claims and causes of action for property damage, personal injury, or death sustained by me arising out of any travel or activity conducted by or under the auspices of SNAP Inc. caused by risks associated by this activity and/or the negligence of SNAP Programs.

In addition, I understand and agree SNAP Inc. cannot be expected to control all possible risks but may need to respond to accidents and potential emergency situations. Therefore, I hereby give my consent for any medical treatment that may be required during my attendance with the understanding that the cost of any such treatment will be my responsibility. \*\*\* SNAP Inc. does not carry medical or accidental insurance for the activities mentioned. As such, participants should review their personal insurance portfolio.

I voluntarily and knowingly agree to protect, hold harmless, and indemnify SNAP Inc, its representatives and agents, its officers, and employees, against all claims, demands, or causes of actions for property damage, personal injury, or death, including defense costs and attorney's fees arising out of my participation in SNAP Programs.

I have read the agreement and do willingly signify my agreement for the consideration expressed and with a full understanding of its purpose by signing below. I represent that I am twenty-one (21) years of age or older and am otherwise competent to execute this agreement. I also understand that the information on this form may be shared with SNAP Inc.

Name (print): \_\_\_\_\_ Childs Name (print) \_\_\_\_\_

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