

Waiver of Liability

STATE: _____ COUNTY _____

I, _____, (name) hereby release and forever hold harmless, Special Forces Brothers and the Green Beret Foundation or any of the organizers, any liability for participating in the Appalachian Trail Relay.

I fully realize that I am participating on my own and that I do not expect the Special Forces Brothers, the Green Beret Foundation or any of the organizers to pay for any of my medical issues that may occur either during or after the event for my participating in this event.

That I have my own insurance coverage and I promise not to sue or hold liable Special Forces Brothers, the Green Beret Foundation or any of the organizers in the event I have to go to the hospital for participating in this Appalachian Trail Relay.

Participant's signature

Parent or Legal Guardian

Being first duly sworn, deposes and states
this _____ day of _____, 2016

Notary Public
My Commission Expires