PARTICIPANT AGREEMENT, RELEASE AND ASSUMPTION OF RISK

In consideration of the services of Aerial 4 Me LLC, their agents, owners, officers, volunteers, participants, employees, and all other persons or entities acting in any capacity on their behalf (hereinafter collectively referred to as "A4M"), I hereby agree to release, indemnify, and discharge A4M, on behalf of myself, my spouse, my children, my parents, my heirs, assigns, personal representative and estate as follows:

1. I acknowledge that my participation in aerial arts, martial arts & acrobatics activities entails known and unanticipated risks that could result in physical or emotional injury, paralysis, death, or damage to myself, to property, or to third parties. I understand that such risks simply cannot be eliminated without jeopardizing the essential qualities of the activity.

The risks include, among other things: slips and falls; falling from equipment; collision with fixed objects or people; rope burns; muscular strains and tears, fractured bones, bruises, cuts, organ damage, nerve damage, head, neck and back injuries; scratches, bruises, sprains, lacerations, or even more severe life threatening hazards; psychological damage; dehydration; permanent disability; the possibility of eye damage or loss of hearing; the failure to work out safely or within one's own ability or within designated area; the negligence of other participants or persons who may be present; my own physical condition, and the physical exertion associated with this activity. Traveling to and from shows, meets or exhibitions can raise the possibility of any manner of transportation accidents.

Furthermore, A4M employees have difficult jobs to perform. They seek safety, but they are not infallible. They might be unaware of a participant's fitness or abilities. They may give incomplete warnings or instructions, and the equipment being used might malfunction.

- 2. I expressly agree and promise to accept and assume all of the risks existing in this activity. My participation in this activity is purely voluntary, and I elect to participate in spite of the risks.
- 3. I hereby voluntarily release, forever discharge, and agree to indemnify and hold harmless A4M from any and all claims, demands, or causes of action, which are in any way connected with my participation in this activity or my use of A4M's equipment or facilities, including any such claims which allege negligent acts or omissions of A4M.
- 4. Should A4M or anyone acting on their behalf, be required to incur attorney's fees and costs to enforce this agreement, I agree to indemnify and hold them harmless for all such fees and costs.
- 5. I certify that I have adequate insurance to cover any injury or damage I may cause or suffer while participating, or else I agree to bear the costs of such injury or damage myself. I further certify that I am willing to assume the risk of any medical or physical condition I may have.
- 6. In the event that I file a lawsuit against A4M, I agree to do so solely in the state of Michigan, and I further agree that the substantive law of that state shall apply in that action without regard to the conflict of law rules of that state. I agree that if any portion of this agreement is found to be void or unenforceable, the remaining portions shall remain in full force and effect.

By signing this document, I acknowledge that if anyone is hurt or property is damaged during my participation in this activity, I may be found by a court of law to have waived my right to maintain a lawsuit against A4M on the basis of any claim from which I have released them herein.

I have had sufficient opportunity to read this entire document. I have read and understood it, and I agree to be bound by its terms.

Signature of Participant	Print	Name
Address		
Phone	Date	
PA	RENT'S OR GUARDIAN'S ADDI (Must be completed for partici)	
being permitted by A4M to partie	-	(print minor's name) ("Minor") equipment and facilities, I further agree to indemnify and hold alf of Minor, and which are in any way connected with such use or
Parent or Guardian:	Print Name: _	Date: