



**WAIVER, RELEASE OF LIABILITY AND INDEMNIFICATION AGREEMENT  
AND PERMISSION TO ATTEND**

I choose to voluntarily participate and attend at my own risk, the hands-on educational classes available at the “**SUMMIT**” *in Provo* Conference. I also understand that these risks, hazards and dangers are further increased when other persons are present at the same time and using the same practices.

By this Agreement, it is my intention to forever relieve EMS Associates, LLC d.b.a. The “**SUMMIT**” Conference Series (hereinafter The “**SUMMIT**”), it’s officers, employees, agents, volunteers, of any duty to me and I do assume the entire risk of any personal injury, damage, loss, harm, death, claim, medical expense and any other type of expense that might occur during or as a result of my use of, or presence at The “**SUMMIT**”. By this Agreement, I also intend to forever release, discharge and absolve The “**SUMMIT**” from any and all liability for any active or passive negligence whatsoever by The “**SUMMIT**” and to waive and relinquish any claim or cause of action against The “**SUMMIT**” for any personal injury, damage, loss, harm, death, medical expense and any other type of expense caused by any negligence of The “**SUMMIT**” and promise not to sue or exercise any legal right to seek damages from The **SUMMIT**.

By this Agreement, I also intend to forever release, discharge, waive and relinquish and absolve The “**SUMMIT**” from any and all claims or causes of action against The “**SUMMIT**” for any personal injury, damage, loss, harm, death, medical expense and any other type of expense caused by the condition and/or maintenance of The “**SUMMIT**” on the Salt Palace premises or any of its structures or devises and promise not to sue or exercise any legal right to seek damages from The “**SUMMIT**” or the Salt Palace. Lastly, I agree to forever hold harmless and indemnify The “**SUMMIT**” from any and all liability for any injury and/or damages to any third party resulting from my participation in any activity or class. I authorize The “**SUMMIT**” to provide or cause to be provided such medical treatment that may be necessary or appropriate if I am injured while at The “**SUMMIT**”.

I HAVE READ AND VOLUNTARILY AGREE TO SIGN THIS AGREEMENT. I further agree that no oral representations, statements, or inducements apart from this Agreement have been made by The “**SUMMIT**” with regard to the subject matter of this Agreement. **I acknowledge that this agreement constitutes an express contractual assumption of all risks, and both a waiver and release from all liability for any negligence or dangerous conditions and indemnity for all third party claims.**

If I am younger than 18 years old, my parent (legal guardian) and I hereby certify that I am younger than 18 years old. I (We) have completely read and understand this Agreement and its terms. I (We) are aware that, by signing this Agreement, I (We) assume all risks and waive and release all rights that I (We) and my heirs, next of kin, family, relatives, guardians, executors, administrators, trustees and assigns may have against The “**SUMMIT**”. By signing, I (We) agree to all terms here in and have permission to attend The “**SUMMIT**” EMS and Emergency Services Conference in Provo, Utah.

Participant’s signature \_\_\_\_\_ Date \_\_\_\_\_ Phone \_\_\_\_\_

Parent (legal guardian) signature \_\_\_\_\_ Date \_\_\_\_\_ Phone \_\_\_\_\_

Advisor/Counselor signature \_\_\_\_\_ (print) \_\_\_\_\_

Advisor/Counselor Phone \_\_\_\_\_ Agency/School \_\_\_\_\_