

**TRAINING, WORKSHOP, INFORMATIONAL SESSION, & DEMONSTRATION
WAIVER & RELEASE OF LIABILITY AGREEMENT
BIG SKY AUTISM PROJECT**

I, _____, hereto referred to as 'participant', am attending a training,
Name of Participant
workshop, informational session, and/or demonstration, henceforth referred to as 'event', given by Big Sky Autism Project and agree to the following:

1. The participant is attending an event offered by instructors, coaches, and staff of Big Sky Autism Project during which they will receive instruction.
 2. I understand that I am not obligated to perform nor participate in any activity that I do not wish to do, and that it is my right to refuse such participations at any time during the event. Should I refuse to participate, I understand that I will not receive a refund for any fees paid as a result of my attendance at the event.
 3. I agree to assume full responsibility for any risks, injuries or damages, known or unknown, which I might cause or incur as a result of participating in these programs, classes, trainings, exercises and events.
 4. As the participant, I knowingly, voluntarily, and expressly waive any claim I may have against Big Sky Autism Project, it's instructors, coaches, staff, Board of Directors, facility owners, or insurers for injury or damages that I may sustain as a result of participating in the events offered by Big Sky Autism Project.
 5. I expressly release and discharge Big Sky Autism Project from all claims, actions, judgment and the like which I or my heirs or legal representatives may have or claim to have as a result of any personal injuries or damages which may occur.
- **I have read the above waiver and release of liability and fully understand its contents.**
 - **I represent that I have the legal capacity and authorization to act on behalf myself or the participant.**

With my signature below, electronic or handwritten, I voluntarily agree to the terms and conditions stated above.

Signature of Responsible Party

Date

Name of Participant (Print) _____ Birthdate _____

Emergency Contact _____ Phone _____