

Guest Release Form

I/We have asked to be admitted to the Cinder Sniffers facility located at 23600 Ind.Rt.1, Dover, Indiana, owned by Cinder Sniffers Inc.(CSI) and operated solely by members.

I/We have read, understand and agree to comply with the posted safety rules relating to my/our participation in the activities.

I/We hereby release, waive discharge and agree not to sue Cinder Sniffers Inc. or any of its officers, shareholders, members, or contractors and their successors and assigns from any and all claims, rights, demands, liabilities, actions or causes of action whatsoever arising out of my participation in the activities at CSI including, but not limited to any claim arising out of any injury to me/us, out of any first aid, treatment or other services rendered to me/us or arising out of any liability or claim made by any other person with respect to the loss, sickness, disease, injury or death of me/us. I/We agree to indemnify and hold harmless CSI and all other parties released from and against any and all claims made by me/us and/or any of my/our heirs or assigns.

1.Name (Print):_____ Signature:_____ Date:_____

2.Name (Print):_____ Signature:_____ Date:_____

3.Name (Print):_____ Signature:_____ Date:_____

4.Name (Print):_____ Signature:_____ Date:_____

5.Name (Print):_____ Signature:_____ Date:_____

6.Name (Print):_____ Signature:_____ Date:_____

CHILDREN UNDER 18 Years old

Address(s) of above signees

Name (Print):_____ 1 Street:_____ City_____

Name (Print):_____ 2 Street:_____ City_____

Name (Print):_____ 3 Street:_____ City_____

Name (Print):_____ 4 Street:_____ City_____

Name (Print):_____ 5 Street:_____ City_____