ACCIDENT WAIVER AND RELEASE OF LIABILITY FORM

Relias Learning, LLC ("Relias") will allow employees to participate in Sports Team Events. Participation in these events by Relias employees or their families is completely voluntary. However, in order to participate, individuals must review and sign this Accident Waiver and Release of Liability Form. **THIS IS A LEGAL DOCUMENT AND BY SIGNING IT, YOU ARE GIVING UP CERTAIN LEGAL RIGHTS IN EXCHANGE FOR THE OPPORTUNITY TO PARTICIPATE IN THE EVENT. CONSIDER THE FORM CAREFULLY AND BE SURE TO SEEK OUTSIDE LEGAL ADVICE IF THERE IS ANYTHING THAT YOU DO NOT UNDERSTAND**.

I HEREBY ASSUME ALL OF THE RISKS OF PARTICIPATING AND/OR VOLUNTEERING IN THE EVENT, including, by way of example and not limitation, any risks that may arise from negligence or carelessness on the part of the persons or entities being released, from dangerous or defective equipment or property owned, maintained, or controlled by them, or because of their possible liability without fault. I certify that I am physically fit, have sufficiently prepared or trained for participation in the Event, and have not been advised to not participate by a qualified medical professional. I certify that there are no health-related reasons or problems which preclude my participation in the Event.

In consideration of my application and permitting me to participate in the Event, I hereby take action for myself, my executors, administrators, heirs, next of kin, successors, and assigns as follows:

1. **I WAIVE, RELEASE, AND DISCHARGE** from any and all liability, including but not limited to, liability arising from the negligence or fault of the entities or persons released, for my death, disability, personal injury, property damage, property theft, or actions of any kind which may hereafter occur to me including my traveling to and from this event, **THE FOLLOWING ENTITIES OR PERSONS: Relias** and/or its directors, officers, employees, parent, affiliates, volunteers, representatives, agents, Event holders, Event sponsors, and Event volunteers.

2. **I INDEMNIFY, HOLD HARMLESS, AND PROMISE NOT TO SUE** the entities or persons mentioned in the preceding paragraph from any and all liabilities or claims made as a result of participation in the Event, whether such liabilities are the result of negligence or otherwise.

I hereby consent to receive medical treatment which may be deemed advisable in the event of injury, accident, and/or illness in connection with the Event.

I CERTIFY THAT I HAVE READ THIS DOCUMENT, AND I FULLY UNDERSTAND ITS CONTENT. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT AND I SIGN IT OF MY OWN FREE WILL.

_____ _____ _____ _____

Print Participant's Name | Age | Signature | Date