PARTICIPANT AGREEMENT, RELEASE AND ASSUMPTION OF RISK

In consideration of the services of Unlimited Entertainment LLC, their agents, owners, officers, volunteers, employees, and all other persons or entities acting in any capacity on their behalf (hereinafter collectively referred to as "UNEN"), I hereby agree to release, indemnify, and discharge UNEN, 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 axe throwing and mechanical bull 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; being struck by a flying axe, bounce back from an axe; collision with other participants; major injuries are a risk as are sprains, strains, scratches, bruises, abrasions, cuts, lacerations, broken bones, fractures, musculoskeletal injuries including head, neck, and back injuries; injuries to internal organs; loss of fingers or other appendages; organ damage, nerve damage, and psychological damage; eye loss; transmissible pathogen or disease; concussions or even more severe life threatening hazards; cardiac related illness; equipment failure and/or operator error; the negligence of other participants, or other persons who may be present; equipment failure or operator error; my own physical condition and the physical exertion associated with this activity. In any event, if you or your child is injured, any medical assistance will be at your own expense. At any time, you and/or your group are free to withdraw from participation in the activity.

- 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. Additionally, I agree to wear protective eye wear.
- 3. I hereby voluntarily release, forever discharge, and agree to indemnify and hold harmless UNEN 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 UNEN's equipment or facilities, including any such claims which allege negligent acts or omissions of UNEN.
- 4. Should UNEN 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 UNEN, I agree to do so solely in the state of Massachusetts, 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 UNEN* on the basis of any claim from which I have released them herein. I also agree that this document is valid for subsequent visits and participation at UNEN. 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.

Print Name		DOB	Phone Number	
Address		City		
State	Zip	Email		
Signature of Participant			Date	
	(Must be co	UARDIAN'S ADDITIONAL IN completed for participants under name(s) and DOB(s))	the age of 18)	
• • • • • • • • • • • • • • • • • • • •	all claims which are		and facilities, I further agree to indemnify and hold or(s), and which are in any way connected with such	

Parent or Guardian: