

## **Visioncon's 2022 Adventure Challenge**

### **Registration info:**

Team Name

Names of participants

Birth dates of participants

Phone numbers

Email addresses

Shirt sizes

1st choice for team color

2nd choice for team color

Short bio - Tell us about your team. Who are you? What do you do? What's your favorite thing about the Con? Why did you enter? Why are you going to be the team that wins?

Upload team photo or individual photos

Release of liability acknowledgement (prefer button click "I agree" and then type name/date)

Agreement to have photo and bio displayed on the Visioncon website

Payment = \$50 for a team of two

### **Release**

I wish to voluntarily participate in VISIONCON's 2022 ADVENTURE CHALLENGE.

I understand and acknowledge that this Activity is voluntary and may be dangerous and hazardous and, by its very nature pose the potential risk of severe and serious physical and emotional injury/illness, or even death, to all individuals who participate in such Activity.

I understand and acknowledge that in order to participate in this Activity, I agree to assume all liability and responsibility for any and all potential risks, injuries or even death which may be associated with participation of such Activity. I represent and warrant that I ammentally and physically fit, capable, able, and willing to participate in this Activity without any limitations. I understand, acknowledge, and agree that VisionCon, it's representatives, its Governing Board, agents, its organizers or volunteers, shall not be liable for any injury/illness suffered by Participant which is incident to and/or associated with preparing for and/or participating in this Activity.

I hereby release, discharge, indemnify, and agree to hold harmless VisionCon, its Governing Board, and each of their organizers, volunteers, and representatives free from any and all liability arising out of or in connection with Participants' participation in the Activity. For purpose

of this Release, liability means all claims, demands, losses, causes of action, suits, or judgments of any kind that Participant or Participant's heirs, executors, administrators, and assigns may have against VisionCon, its Governing Board, agents, organizers, volunteers, and representatives because of Participant's personal, physical, or emotional injury, accident, illness or death, or because of any loss of or damage to property that occurs to Participant or his or her property during Participant's participation in the Activity that may result from any cause including but not limited to VisionCon's Governing Board, agents, volunteers, organizers or representatives own passive or active negligence of other acts other than fraud, willful misconduct or violation of the law. Participants who do not wish to accept the risks described in this Agreement should not sign this Agreement, and will not be allowed to participate in the Activity.

I acknowledge that I have carefully read this voluntary activities participation form and that I understand the potential dangers incident to engaging in this Activity, am fully aware of the legal consequences of this agreement, and agree to its terms and understand I am waiving certain rights and assuming the risk of damage from my participation in the Activity.

Name \_\_\_\_\_ Date \_\_\_\_\_

I agree to allow my photo and bio to be displayed on the VisionCon website as a participant of this Activity.

Name \_\_\_\_\_ Date \_\_\_\_\_