## FULL AND COMPLETE RELEASE OF LIABILITY AND INDEMNITY AGREEMENT-Child

NAME (print):		AGE:		SEX: M	F
ADDRESS:	CITY	ST	ZIP		
THIS IS A LI	ABILITY RELEASE-READ CA	REFULLY BEFORE SIGN	ING:		
I ACKNOWLEDGE AND REPRESENT that I am at least 18 years into this release and indemnity contract on behalf of my Child RESERVATION.					
THE UNDERSIGNED, FOR MY CHILD, MYSELF AND OTHER PAI Organizers and Sponsors of the above-named Event (hereina		REPRESENTS TO AND CONTRACTS A	ND AGREES WITH TAOS SI	(I VALLEY, IN	C. and the
I ACKNOWLEDGE that the supervised training, practices, unsu including all obstacles natural or manmade, marked or unmar presented.				-	
I REPRESENT AND WARRANT that my child is at least fourteen any special physical or health problems and that I have neithe			_	ne/she does n	ot have
IN CONSIDERATION of my acknowledgements, representation "TSV") issuing a nontransferable permission to permit INJURY, DEATH AND PROPERTY DAMAGE which might be	my Child, for myself and for any par	ent/guardian of my Child, I VOL	JNTARILY AGREE TO A		
I UNDERSTAND IT IS MY SOLE RESPONSIBILITY AND I AG and to not participate and/or complete if the venues of the E	•			ate and/or co	omplete
For my Child, for myself and for any parent/guardian of my Ch owners, affiliated companies and other related entities from a estate, heirs, and assigns for any damage, injury or death to n and participation and/or competition in it, whether caused by	any claim or legal action by me, any other ny Child or any person or property, arising	parent/guardian of my Child, my Chi out of or in any way connected with	ld, anyone on behalf of m	y Child and by	my Child's
I AGREE TO DEFEND AND INDEMNIFY TSV, from any claim leg employees, representatives, agents, officers, directors and fro injured by me, including but not limited to attorney's fees and	om any claim, legal action, harm, injury da		•		
I AUTHORIZE personnel authorized by TSV to call for medical opinion of such personnel, I need medical attention. I AGREE hold harmless TSV of any form of costs incurred in connection	that upon transporting me to facility or p	ersonnel, all responsibility for me or			
The UNDERSIGNED gives FULL PERMISSION for TSV to take an below, Undersigned RELEASES the use of any audio or visual runderstands that all said images and sound recordings shall co	materials taken, or on file, for any uses by	TSV of Undersigned or the MINOR fo			
I CONTRACTUALLY AGREE that all dispute between me and TS THE STATE OF NEW MEXICO and EXCLUSIVE JURISDICTION the			erty damage, will be <b>GOVE</b>	RNED BY THE	LAWS OF
I HAVE READ AND I UNDERSTAND the terms of the above Ful BINDING upon me, my Child, any other parent/guardian of m contract between the parties. I AM AWARE THAT THIS CONTI	y child and heirs and assigns. If any part of	f this agreement is deemed unenfor	ceable, the remainder sha	ll be an enford	-
Name:					
Parent/Guardian (Print Name):					
Signature:	Date:				
Mailing Address:					

Telephone Number with Area Code: \_\_\_\_\_