Waiver of Liability

I acknowledge and agree that Creative Chance will not be financially responsible nor will I make a claim on Creative Chance, its employees, board members or agents for any damages, injuries or other liabilities I sustain while a participant in any event held by Creative Chance.

I have read this waiver of liability and understand that Creative Chance does not provide insurance coverage for injuries I may sustain as a participant in any Creative Chance event, as events are open to the general public as well as direct event participants.

Date: _____

Participant's Signature: _____

If under 18 years of age, signature of parent or guardian:

_____

Witness (if assistance was provided with this form):

_____