



## RELEASE AND HOLD HARMLESS AGREEMENT

**Participant Name:** \_\_\_\_\_

**PLEASE READ THIS CAREFULLY!** It affects any rights you may have if you are injured or otherwise suffer damages as a result of participation in the MacGyver Academy Program .

In return for MacGyver Academy providing access to a maker space, academic instruction, recreation, and other good and valuable consideration, YOU AGREE AND STATE, as follows:

(1) I UNDERSTAND THAT INJURIES AND DAMAGES to myself are possible and probable, including injuries common to the activities of soldering, disassembly of electronics, and working with power tools. I understand that I WILL receive Minor Cuts Scrapes, Scratches, Burns and Bruises but ALSO may receive SERIOUS, UNCOMMON, AND UNFORESEEABLE INJURIES. I hereby voluntarily elect to participate with full knowledge of the inherent risks.

(2) I RELEASE, WAIVE, DISCHARGE AND COVENANT NOT TO SUE MacGyver Academy, its officers, servants, agents, or employees, (hereinafter referred to as RELEASEES) from any and all liability, claim, and/or cause of action arising out of or related to any loss, damage, or injury that may be sustained by me, or to any property belonging to me. FURTHER, I AGREE TO INDEMNIFY AND HOLD HARMLESS THE RELEASEES from any loss, damage, costs, including court costs and attorneys' fees, that releasees may incur due to my participation.

(3) It is my express intent that this Release and Hold Harmless Agreement shall bind the members of my family and spouse, if I am alive, and my heirs, assigns and personal representative, if I am deceased, and shall be deemed as a RELEASE, WAIVER, DISCHARGE AND COVENANT NOT TO SUE the above RELEASEES. I hereby further agree that this Waiver of Liability and Hold Harmless Agreement shall be construed in accordance with the laws of the State of Nevada.

By signing this release of liability, I STATE THAT I HAVE READ AND UNDERSTAND THE CONDITIONS SET FORTH IN THIS RELEASE, THAT I AGREE TO ALL THE CONDITIONS SET FORTH HEREIN, AND THAT I SIGN THIS VOLUNTARILY.

Full Name **Printed** of Participant \_\_\_\_\_

Address of Participant \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone number \_\_\_\_\_ E-mail \_\_\_\_\_

If accepted, I will follow all rules and guidelines established for the MacGyver Academy Program meaning that I will not smoke, drink alcoholic beverages, use drugs other than prescribed medication, engage in threatening or violent acts, or disregard the rules outlined in the participant handbook. I realize that if I fail to follow the above mentioned rules, I may be asked to leave the MacGyver Academy program.

Signature of Participant \_\_\_\_\_ Date \_\_\_\_\_

**Return to: MacGyver Academy, 4655 Quality Court, Suite J, Las Vegas, Nevada 89103**

**Or Via Email : [admin@macgyveracademy.org](mailto:admin@macgyveracademy.org)**