

## **SWCPA Informed Consent, Release, and Waiver**

As a Member of SWCPA, I understand and acknowledge that the activities of the SWCPA (Activities) involves known risks and unanticipated risks. These risks could result in injury, illness or disease, mental or physical damage, or death, damage to me, and to my property.

Therefore, I declare as follows:

1. I understand that each member (myself included) has a different capacity for participating in the Activities. I assume full responsibility for choosing to participate in the Activities, determining how I participate and applying any information or instruction received.
2. I understand that participating in the Activities involves health and other risks, including economic loss, disabilities or death, and I willfully and voluntarily assume those risks for myself.
3. I accept the personal responsibility to always act in the safest and most prudent manner and to abide by the rules of the SWCPA whenever participating in the SWCPA's Activities.
4. I understand that I am responsible for obtaining any insurance coverage I may desire when participating in the Activities and that the SWCPA will NOT provide me with any insurance coverage.
5. I acknowledge that I should obtain my doctor's approval before participating in the Activities. I also acknowledge that I should have an annual or more frequent physical examination and to review with my doctor the degree of physical activities that I am capable of undertaking. I understand that my decision to participate in the Activities is between my doctor and me. I further understand that the SWCPA does not have the resources to review and is not responsible for reviewing my decision to participate in the Activities. I acknowledge that I have elected to participate in the Activities with or without the approval of my doctor, and hereby assume all risk and responsibility for my participation in the Activities.
6. By checking the Consent box, I acknowledge that I have voluntarily chosen to participate in the SWCPA's Activities. I assume all responsibility for my health and the risks set forth above and on behalf of my heirs, beneficiaries, dependents, and personal representatives. I release and hold harmless any & all representative of the SWCPA with respect to my participation in the Activities.
7. The membership directory provided online through the SWCPA website is proprietary

information. The information is not to be used for solicitation, political messages or other agendas unless approved by the SWCPA Board.

I am freely and voluntarily executing this informed Consent, Release, and Waiver. I acknowledge that I have read it. I understand it and agree to be bound by my declarations contained herein.