

RELEASE OF LIABILITY AND ASSUMPTION OF ALL RISKS

I agree that I alone am responsible for my actions and wellbeing while participating at or on the premises of Xanadu at 5015 Bond Street, Boise Idaho, and that I will not hold Idaho Burners Alliance, Inc. or Conclave, LLC, responsible for any damages, loss, or troubles, including serious injury or death that may occur as a result of my participation or attendance at Xanadu. I assume all responsibility for loss or damage to equipment or personal property I may bring to Xanadu, and understand that no reimbursement will be made by Idaho Burners Alliance, Inc. or Conclave, LLC in the event that equipment or personal property is lost, stolen or damaged.

I do hereby release, acquit, and forever discharge and by these presents do, for myself and my heirs, remise, release, acquit and forever discharge Idaho Burners Alliance, Inc., and Conclave, LLC, of and from any and all past, present, and future claims, rights, suits, debts, sums of money, contracts, agreements, promises, damages, judgments, executions, causes of action, liabilities, costs or expenses, claims, and demands whatsoever, in law or in equity, which I have ever had, now have, or may have, for, or by reason of, or which directly arise from, or are related to, or are in any way associated with my participation or attendance at Xanadu. I am presently competent, not under the influence of any substance(s), and of sound mind. This agreement is a revocable license that may be revoked by Idaho Burners Alliance, Inc. or Conclave, LLC for any reason.

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Printed Name of PARTICIPANT	Signature (if over 18)	Date

I AM THE PARENT OR GUARDIAN FOR THE PARTICIPANT NAMED ABOVE. I CONSENT TO THEIR ATTENDANCE AND PARTICIPATION AT XANADU AND AGREE TO ALL OF THE ABOVE. I UNDERSTAND THAT ANY MEDICAL EXPENSES INCURRED WILL BE MY SOLE RESPONSIBILITY. I agree to be held personally responsible for the minors actions while on the premises. I understand that failure to supervise and monitor minors under my care may constitute cause for eviction from the premises and revocation of future privileges.

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Printed Name of PARENT/GUARDIAN	Signature of PARENT	Date

EMERGENCY CONTACT (someone to contact in case of emergency):

(NAME) _____ (PHONE) _____