

**No More Secrets Game
WAIVER OF LIABILITY AND ASSUMPTION OF RISK**

1. I, the undersigned, am over 18 years of age, and wish to participate in the No More Secrets Game scheduled for May 19 through May 20 of 2007 to take place throughout the greater San Francisco Bay Area. This area known as the greater San Francisco Bay Area shall be bounded by Watsonville, CA to the south, Santa Rosa, CA to the north, Fairfield, CA to the east, and the Pacific Ocean to the west. I am executing this waiver of liability and assumption of risk as a condition of, and in consideration for, my participation in the No More Secrets Game. I understand that participating in the No More Secrets Game exposes me to a variety of risks from activities that are part of the No More Secrets Game, including, without limitation, driving and any related traffic, riding in vehicles other than my own, running, various athletic activities, walking or performing other athletic activities at night in unlit, unsupervised, remote areas, interacting with other players of the No More Secrets Game, and interacting with unknown persons who may or may not be associated with the No More Secrets Game, and I understand that it is my responsibility to ensure that my physical condition is suitable for my participation in the No More Secrets Game. Such risks include, but are not limited to: injury or death to myself; damage or destruction of my personal property or the personal property of others; crime; and persecution by federal, state, or local authorities. During the No More Secrets Game, I agree and warrant that if, at any time, I feel anything to be unsafe, I will promptly advise the No More Secrets Game Organizers (as defined below) and will leave such area and/or discontinue such activity.

2. By signing below, I hereby:

- A. ACKNOWLEDGE THAT I FULLY UNDERSTAND THE RISKS OF PARTICIPATING IN THE NO MORE SECRETS GAME, AND THAT SUCH PARTICIPATION IS POTENTIALLY DANGEROUS, AND ASSUME ALL OF THE RISKS (WHETHER OR NOT SPECIFICALLY DESCRIBED HEREIN) ARISING FROM, OR RELATED TO, MY PARTICIPATION IN THE NO MORE SECRETS GAME, AND WHETHER OR NOT CAUSED BY THE NEGLIGENCE OF ANY OF THOSE ORGANIZING, PLANNING, SPONSORING, OFFICIATING, OBSERVING OR ASSISTING WITH THE NO MORE SECRETS GAME OR THEIR RESPECTIVE AGENTS (THE "NO MORE SECRETS GAME ORGANIZERS"), OTHER PARTICIPANTS, OR OTHERWISE.
- B. RELEASE, DISCHARGE, AND COVENANT NOT TO SUE THE NO MORE SECRETS GAME ORGANIZERS AND EACH OF THEM FOR ANY AND ALL LIABILITY TO ME AND MY FAMILY MEMBERS, PERSONAL REPRESENTATIVES, EXECUTORS, ADMINISTRATORS, ASSIGNS, HEIRS, NEXT OF KIN AND SUCCESSORS FOR ANY LOSS, DAMAGE, CLAIM OR DEMAND MADE ON ACCOUNT OF INJURY TO ME OR MY PROPERTY OR RESULTING IN MY DEATH, ARISING FROM, OR RELATED TO PARTICIPATION IN, OR TRANSPORTATION DURING OR TO OR FROM, THE NO MORE SECRETS GAME, WHETHER OR NOT CAUSED BY THE NEGLIGENCE OF ANY OF THE NO MORE SECRETS GAME ORGANIZERS, OTHER PARTICIPANTS, OR OTHERWISE; AND
- C. INDEMNIFY AND HOLD HARMLESS THE NO MORE SECRETS GAME ORGANIZERS AND EACH OF THEM FROM ANY COSTS AND LIABILITIES OF INJURY, DAMAGE OR DEATH ARISING FROM OR RELATED TO PARTICIPATION IN THE NO MORE SECRETS GAME INCLUDING, WITHOUT LIMITATION, MY PRESENCE IN THE AREA WHERE THE NO MORE SECRETS GAME IS BEING CONDUCTED, ANY ACT OR OMISSION ON MY PART, AND ANY BREACH OF ANY AGREEMENT OR WARRANTY SET FORTH HEREIN, WHETHER OR NOT CAUSED BY THE NEGLIGENCE OF ANY OF THE NO MORE SECRETS GAME ORGANIZERS, OTHER PARTICIPANTS OR OTHERWISE.

3. I understand that at this event or related activities, I may be photographed. I agree to allow my photo, video or film likeness to be used for any legitimate purpose by the event holders, producers, sponsors, organizers and assigns.

4. I hereby consent to receive medical treatment that may be deemed advisable in the event of injury, accident and/or illness during this event.

5. I understand and agree that this waiver of liability and assumption of risk shall be governed by and construed in accordance with the laws of the State of California, and that it is intended to be as broad and inclusive as permitted under such laws. If any portion of it is held to be invalid, I agree that the remaining terms shall continue to be in full legal force and effect.

6. I HAVE READ THIS WAIVER OF LIABILITY AND ASSUMPTION OF RISK CAREFULLY. I UNDERSTAND THAT BY SIGNING BELOW I AM ASSUMING ALL RISK ASSOCIATED WITH MY PARTICIPATION IN THE NO MORE SECRETS GAME, AND THAT I AM RELEASING, INDEMNIFYING AND HOLDING HARMLESS THE NO MORE SECRETS GAME ORGANIZERS FROM ANY LIABILITY. I AM SIGNING THIS WAIVER OF LIABILITY AND ASSUMPTION OF RISK OF MY OWN FREE WILL.

Team Name

Printed Name

Age

Signature

Date

Witness (may not be a member of the team)

Signature

Date