



**INDIAN HILLS GENERAL IMPROVEMENT DISTRICT**  
**3394 JAMES LEE PARK ROAD, SUITE A**  
**CARSON CITY, NV 89705**  
**Office (775) 267-2805 Fax (775) 267-3510**  
**www.indianhillsnevada.com**

**Remote Control Contest Participant Liability Release**

In consideration of being allowed to participate in any way with the *Capital Punishers Remote Control Contest* and/or Indian Hills General Improvement District, and all related events and activities, I, \_\_\_\_\_, the undersigned, acknowledge, appreciate and agree that:

1. The risk of injury from the activities involved in this program is significant, including potential for permanent injuries, and while particular skills, equipment, and personal discipline may reduce the risk, the risk of serious injury does exist; and,
2. I knowingly and freely assume all such risks, both known and unknown, even if arising from the negligence of the releases or others, and assume full responsibility for my participation; and
3. I willingly agree to comply with the stated and customary terms and conditions for participation. If, however, I observe any unusual significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the officials of either the *Capital Punishers* or District immediately; and,
4. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, hereby release, indemnify, and hold harmless the Indian Hills General Improvement District, their officers, officials, board members, staff, employees and other participants, sponsoring agencies, with respect to any and all injury, disability, death, or loss or damage to person or property, whether arising from the negligence or otherwise.

**FOR PARENTS/GUARDIANS OF PARTICIPANTS UNDER THE AGE OF 18 YEARS**

I also give my consent for Indian Hills General Improvement District or *Capital Punishers* to seek emergency treatment for the minor if necessary, and I agree to accept financial responsibility for the costs related to this emergency treatment.

\_\_\_\_\_/\_\_\_\_\_  
**Participant's Name / Date**

\_\_\_\_\_  
**Print Name of Parent or Guardian of Minor Participant**

\_\_\_\_\_/\_\_\_\_\_  
**Signature of Minor Participant or Parent/Guardian / Date**