



# Friends of Amateur Rocketry, Inc.

6890 East Lees Way, Long Beach, CA 90815-5011

## Liability Wavier

\_\_\_\_\_ I, the undersigned, understand that handling propellants, handling pyrotechnic devices, casting rocket motors, testing rocket engines/motors, launching rockets, and ALL activities in the desert are DANGEROUS and that these activities could possibly result in my ILLNESS, INJURY, or DEATH and DAMAGE or DESTRUCTION to any of my personal property present at these activities.

\_\_\_\_\_ I, the undersigned, understand that I AM PARTICIPATING IN THESE ACTIVITIES AT MY OWN RISK and release the Friends of Amateur Rocketry, Inc. (FAR), the Directors of the Friends of Amateur Rocketry, Inc., the Pyrotechnics Operator(s), and other participants in these activities from any and all liability arising from such activities or my participation therein.

\_\_\_\_\_ I, the undersigned, understand there may be venomous snakes, scorpions, or spiders present on the FAR premises.

\_\_\_\_\_ I, the undersigned, give FAR permission to use video, photographs, or audio recordings of me involved in these activities to be posted on the FAR website and used in FAR promotional materials without any expectation of financial compensation.

\_\_\_\_\_ I, the undersigned, DO NOT have permission to use firearms, explosives, or fireworks on the FAR premises.

\_\_\_\_\_ I, the undersigned, have arrived at the FAR activities with full-knowledge of these risky activities, have been given ample-time to consider the risks of these activities, and have been given the opportunity to leave the area before the risky activities have begun.

\_\_\_\_\_ I, the participant named below, am 18-years old or older.

Please initial each paragraph above and sign below before going out to the FAR property. If the participant is under 18-years old, please have the parent or guardian sign. **Please bring this completed Liability Waiver form with you to the FAR property and give it to the pyro-technic operator when you arrive.**

Participant Name (Please Print): \_\_\_\_\_

Participant or Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_