



NJ ACADEMY of HOME INSPECTORS

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ACCIDENT WAIVER AND RELEASE OF LIABILITY FORM

I _____ HEREBY ASSUME ALL OF THE RISKS OF PARTICIPATING IN THE NJ Academy of Home Inspectors FIELD MENTORING PROGRAM, including by way of example and not limitation, any risks that may arise from negligence or carelessness on the part of the persons or entities being released, from dangerous or defective equipment or property owned, maintained, or controlled by them, or because of their possible liability without fault. I certify that I am physically fit, have sufficiently prepared or trained for participation in the activity or event, and have not been advised not to participate by a qualified medical professional. I certify that there are no health-related reasons or problems which preclude my participation in Home Inspection Field Mentoring.

I acknowledge that this Accident Waiver and Release of Liability Form will be used by the NJ Academy of Home Inspections, LLP (NJAHITM) and that it will govern my actions and responsibilities at said training inspection.

In consideration of my application and permitting me to participate in these training inspections, I hereby take action for myself, my executors, administrators, heirs, next of kin, successors, and assigns as follows:

(A) I WAIVE, RELEASE, AND DISCHARGE from any and all liability, including but not limited to, liability arising from the negligence or fault of the entities or persons released, for my death, disability, personal injury, property damage, property theft, or actions of any kind which may hereafter occur to me including my traveling to and from this event, THE FOLLOWING ENTITIES OR PERSONS: *NJ Academy of Home Inspectors, LLP* and/or their directors, officers, employees, volunteers, representatives, and agents.

(B) I INDEMNIFY, HOLD HARMLESS, AND PROMISE NOT TO SUE the entities or persons mentioned in this paragraph from any and all liabilities or claims made as a result of participation in this activity or event, whether caused by the negligence of release or otherwise.

I acknowledge *NJ Academy of Home Inspections, LLP* and their directors, officers, volunteers, representatives, and agents are NOT responsible for the errors, omissions, acts, or failures to act of any party or entity conducting a specific event or activity.

I acknowledge that the Home Inspection Field Mentoring training involves a test of a person's physical and mental limits and may carry with it the potential for death, serious injury, and property loss. The risks may include, but are not limited to, those caused by terrain, facilities,



ladders, heights, temperature, weather, condition of participants, equipment, vehicular traffic, actions of other people including, but not limited to, participants, volunteers, and event monitors.

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

I understand that during Field Mentoring 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. The accident waiver and release of liability shall be construed broadly to provide a release and waiver to the maximum extent permissible under applicable law.

By signing below I attest that I do not have any medical conditions that may prohibit me from practicing as a home inspector. I also understand that should I develop a medical condition that may restrict me from performing the duties of a home inspector I will immediately notify NJ Academy of Home Inspectors and cease from performing home inspections. I also agree that I will not resume home inspections until the said medical condition is resolved and clearance is received from the school.

I CERTIFY THAT I HAVE READ THIS DOCUMENT, AND I FULLY UNDERSTAND ITS CONTENT. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT, & I SIGN IT OF MY OWN FREE WILL.

Student's Signature

Date

School Official Signature

Date

