

INDY BACKPACK ATTACK 2019

Liability Waiver & Photo Release Form

In consideration of your acceptance of this entry, I, the undersigned, for myself and my heirs, assigns and personal representatives, do hereby agree to the following:

I acknowledge that participation in *INDY BACKPACK ATTACK* is a potentially hazardous activity, and that I should not participate in this event unless I am medically and physically able to do so. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, known and unknown, associated with my voluntary participation in this event, even if arising from the negligence of *INDY BACKPACK ATTACK*, its event workers, officials, sponsors, volunteers and their representatives, successors, agents, employees and assigns (the "Releases") or others. In addition, I covenant not to sue and hereby WAIVE, RELEASE and DISCHARGE the Releases from ANY AND ALL CLAIMS, LIABILITIES, DEBTS, AND CAUSES OF ACTION, whether foreseen or unforeseen, for death, personal injury, property damage or any other injuries which may arise from my travel to, participation in, or return from this event. If I observe any unusual or unnecessary hazard during my participation, I will bring such to the attention of the nearest event worker as soon as possible.

I hereby consent to and authorize the use or reproduction by *INDY BACKPACK ATTACK* and the Releases, and/or agents authorized by them, of any and all photographs, video reproductions, motion pictures, or other record taken this day, including without limitation pictures and sound of myself alone or with others, for any reasonable purpose, without compensation to me.

I hereby certify that I am 18 years of age or over.

ALL PARTICIPANTS MUST SIGN A COPY OF THIS FORM BEFORE ALLOWED TO PARTICIPATE: I have read this liability waiver and photo release form, fully understand its terms, understand that I have given up substantial rights by signing it, and sign it freely and voluntarily without any inducement. (Please use ink pen)

Signature

Print Name

Middle Initial

Age

Gender

Address

City

State

Zip

Company/Organization You Represent

Team Leader

IF PARTICIPANT IS UNDER AGE 18 PARENT OR GUARDIAN MUST SIGN BELOW: This is to certify that I, as parent/guardian with legal responsibility for this participant, do consent and agree not only to his/her release of the Releases, but also to release and indemnify the Releases from any and all liabilities incident to my minor child's involvement or participation in *INDY BACKPACK ATTACK*, even if arising from the United Way of Central Indiana's negligence, for myself, my heirs, assigns and next of kin.

Parent/Guardian Signature

Parent/Guardian Printed Name

Please bring this signed to the warehouse when you report for your volunteer shift or return to:



INDY BACKPACK ATTACK

FAX: (317) 780-6716

Phone: (317) 626-9444