

Burlington Rotary Club - 2014 Hoopapalooza Event - WAIVER FORM

TEAM NAME: _____

ROTARY MEMBER SPONSOR: _____

Event: Saturday, May 3, 2014 City Hall Park, Burlington, Vermont

Do not sign or acknowledge this waiver for anyone other than yourself. I acknowledge that participating in this Hoopapalooza may be a test of a person's physical and mental abilities and carries with it the potential threat of injury. I hereby assume the risk of participating in the Hoopapalooza event. I certify that I am physically fit and have not been advised against participation by a qualified health professional. I acknowledge that I am participating at my own risk.

1. This Waiver covers my participation in the Hoopapalooza Event (herein referred to as either Event or Activity), either practicing in advance or presenting on May 3, 2014.

2. Participating in the above Activity may involve risks. For example, in trying to make the hoop go around, I may become short of breath or become unbalanced and fall down. I am aware that by participating in the above Activity, I am risking personal injury. I accept and assume this risk.

3. I am in reasonably good physical condition, and have no medical or physical conditions that prevent me from safely participating in the event(s). I assume liability for all risks that I may incur as a result of participating in the event.

4. I release the Burlington Rotary Club and any individual members of their respective Board or Club, and any volunteers that work on the said event, including the City of Burlington and the Burlington Parks and Recreation Department, and any company appearing as a named sponsor for the event (all of whom are referred to as the "Releasees" in this Waiver Form) from any and all liability for any loss, damage, injury or expense that I may suffer as a result of my participation in any of the Activities listed above, no matter how caused.

5. If someone sues me for negligence arising from my participation in the events, I agree not to claim contribution or indemnity from any of the Releasees. I release the Releasees from all liability that could arise from such a contribution or indemnity claim.

6. I agree to hold harmless and indemnify the Releasees from any claims, liability or legal expenses that they may incur arising directly or indirectly from a claim brought by me against any person or entity for loss, damage, injury or expense suffered by me arising from my participation in the Activity listed above.

7. I confirm that I have attained the age of 18 years or, if not, my parent or guardian has signed this Waiver on my behalf.

8. I recognize and agree that I am not allowed to participate in this event/Activity unless I sign this Waiver, and therefore I am receiving a benefit in exchange for signing this Waiver and it is binding on me. I agree that this Waiver is also binding on my heirs, executors, administrators and legal representatives.

Printed Name

Signature

Date

Parent or Guardian Name

Signature

Date

Emergency Contact Name

Emergency Contact Phone Number