

NORTH AMERICAN SQUIRREL ASSOCIATION PARTICIPANT WAIVER

Accident Waiver and Release of Liability Form

The undersigned voluntarily agrees to participate in the _____
(Event)

Sponsored by the **North American Squirrel Association** **Date** _____

Number of participants _____

The undersigned recognizes that the North American Squirrel Association has not undertaken any duty or responsibility for his or her safety and the undersigned agrees to assume the full responsibility for all risk of bodily injury, disability, and property damage as a result of participating in the above mentioned event. The undersigned recognizes that these risks include bodily injury, death, disability, and property damage. By my signature, I hereby state that I understand the risks involved in participating in the above mentioned event and willingly and voluntarily accept these risks. By my signature, I hereby surrender any right to seek reimbursement from the North American Squirrel Association and its directors, officers, employees, volunteers, and other agents for injury sustained and liability incurred during my participation in the activity named above. By my signature, I warrant that I am not relying on any oral representations, statements, inducement apart from the statements made on this form. By signing below, the parties confirm that they have read, understand, and consent to the terms of this waiver agreement.

Check this box if you are signing this waiver as a legal guardian on behalf of a participating minor. I understand and acknowledge that the event named above poses risks to my child, including serious injury or death. As legal guardian I release and forever discharge all offices, directors, employees, agents, and volunteers of the organization from any and all claims which may arise from participating in this event. In case of illness or accident, permission is granted for emergency treatment to be administered. I hereby certify that to the best of my knowledge and belief said minor is in good health and advise that the above named minor has the following allergies, medicine reactions or unusual physical conditions, which should be known to a treating physician. (if None, please write the word "none".)
(Known Allergies, medical reactions, or unusual health conditions _____)

Name of minor _____
Emergency Phone Number (if signing for a minor) _____

X _____
Signature **Printed name** **Date**

Address or company name _____

Check this box to grant n.a.s.a. permission to use any photos or video of this event for promotional or marketing purposes. No compensation or royalty will be paid.

n.a.s.a. Representative signature **Printed name**
(Captain)