



HOOPS FOR HAPPINESS

a benefit for  MOSAIC in Tri-Cities

Waiver, Release and Indemnification

In consideration of the acceptance of my application and the permission to participate as an entrant or competitor in the Hoops for Happiness event to be held on Saturday, August 21, 2010, I, for myself, my heirs, executors, administrators, successors and assigns HEREBY RELEASE, WAIVE AND FOREVER DISCHARGE Mosaic directors, staff and volunteers, any and all sponsoring companies and their respective agents, officials, affiliates, servants, contractors, representatives, successors and assigns, OF AND FROM ALL liability, claims, demands, damages, costs, expenses, actions, and causes of actions, whether in law or equity, in respect of death, injury, loss or damage to my person or property HOWSOEVER CAUSED, arising or to arise by reason of my participation in this event, whether as a spectator, participant, competitor or otherwise, whether prior to, during or subsequent to the event AND NOTWITHSTANDING that such death, injury, loss or damage may have been contributed to or caused solely or partly by the negligence of any of the aforementioned.

I VERIFY THAT I am fully aware of the physical risk of injury or death by participating in this event and voluntarily agree to accept full responsibility and legal liability for same, and that I HEREBY UNDERTAKE to HOLD AND SAVE HARMLESS and AGREE TO INDEMNIFY all of the aforementioned from and against any and all liability incurred by any and all of them arising as a result of, or in any way connected with, my participation in this event.

Further, I hereby grant full permission to any and all of the foregoing to use any photography, video tapes, motion pictures, recordings or any other record of this event for promotional purposes. I also consent to the use of the personal information contained in this entry form for the purpose of soliciting my participation in future Mosaic events.

BY SUBMITTING this ENTRY, I HEREBY ACKNOWLEDGE AND AGREE that I have CAREFULLY READ this WAIVER, RELEASE and INDEMNIFICATION and that I fully UNDERSTAND AND AGREE to same, and I WARRANT that I am physically fit to participate in this event.

Signature

Date



A life of possibilities for people
with intellectual disabilities.

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