

Release and Indemnity

TO: IEHA Las Vegas Chapter (the "Sponsor")

RE: Housekeeping Olympics 2017 (the "Event") to be held on Wednesday, September 13, 2017

IN CONSIDERATION OF being permitted to participate in the Event, the undersigned, on behalf of myself, my heirs, executors, administrators and assigns, hereby:

1. Acknowledges that the undersigned's participation in the Event may include activities that may be hazardous to the undersigned and assumes the risk of injury or harm associated with such participation.
2. Releases and forever discharges the Sponsor and its employees, officers, directors, shareholders, affiliates, agents, representatives, successors and assigns (collectively the "Releasees") of and from all liability, claims, demands, damages, costs, expenses, actions and causes of action (collectively the "Claims") in respect of death, injury, loss or damage to myself or property howsoever caused, arising or to arise by reason of or during my participation in the Event, whether prior to, during or subsequent to my attendance and notwithstanding that any Claim may have been contributed to or occasioned by the negligence of any of the Releasees.
3. Indemnifies and saves harmless the Releasees from and against any and all liability incurred by any or all of them arising as a result of or in any way connected to my participation in the Event.
4. Understands and acknowledges that the Sponsor does not carry or maintain health, medical or disability insurance coverage for the undersigned and therefore agrees to assume responsibility for such insurance coverage on the undersigned.
5. Agrees that in the event that any provision of this Release and Indemnity is held to be invalid or unenforceable by any court of competent jurisdiction, the invalidity or unenforceability of such provision will not affect the remaining provisions of this Release and Indemnity which shall continue to be enforceable.

I HEREBY ACKNOWLEDGE READING, UNDERSTANDING AND AGREEING WITH THE FOREGOING.

Witness Signature

Date

Contact in Case of Emergency

Relation of Contact

Address of Contact

Telephone No. of Contact

Signature of Participant

Name of Participant

Address of Participant

Telephone No. of Participant

Property Name

Name of Physician

Telephone No. of Physician

Permission for Photography

For valuable consideration received, I grant to IEHA/Designee ("Photographer") the absolute and irrevocable right and unrestricted permission concerning any photographs that he/she has taken or may take of me or in which I may be included with others, to use, reuse, publish, and republish the photographs in whole or in part, individually or in connection with other material, in any and all media now or hereafter known, including the internet, and for any purpose whatsoever, specifically including illustration, promotion, art, editorial, advertising, and trade, without restriction as to alteration; and to use my name in connection with any use if he/she so chooses. I release and discharge Photographer from any and all claims and demands that may arise out of or in connection with the use of the photographs, including without limitation any and all claims for libel or violation of any right of publicity or privacy. This authorization and release shall also inure to the benefit of the heirs, legal representatives, licensees, and assigns of Photographer, as well as the person(s) for whom he/she took the photographs. I am a legally competent adult and have the right to contract in my own name. I have read this document and fully understand its contents. This release shall be binding upon me and my heirs, legal representatives, and assigns.

X

SIGNATURE

(SEAL)

PRINT NAME

DATE OF BIRTH

ADDRESS (Line 1)

ADDRESS (Line 2)

TODAY'S DATE

X

WITNESS

ADDRESS (Line 1)

ADDRESS (Line 2)