

## Participant Liability and Hold Harmless Agreement Form

Please read the form carefully and be aware that by registering for and participating in this event, or by allowing your minor child/ward to participate in this event, you will be waiving your rights and/or the rights of your child/ward to all claims for injuries you or your minor child/ward might sustain arising out of this event and you will be required to indemnify, hold harmless and defend Outstanding Party Specialists (OPS) for all claims arising out of participation in the OPS party or event.

**Risk of Injury:** "As a participant in the event, or as a parent or legal guardian of a participant under 18 years of age, I recognize and acknowledge that there are certain risks of physical injury, and I agree to assume the full risk of injuries, including death, damages, or loss which I may sustain as a result of participating in any and all activities associated with this event."

**Waiver of Injury Claims:** "I agree to waive and relinquish any and all claims I may have arising out of, connected with, or in any way associated with the event."

**Release from Liability:** "I do hereby fully release and discharge OPS and its officers, owners and staff from any and all claims from injuries, including death, damage or loss which I or my minor child/ward may have or which may occur on account of participation in the event."

**Indemnity of Defense:** "I further agree to indemnify, hold harmless and defend OPS and its officers, owners and staff from any and all claims from injuries, including death, damages and losses sustained by me or my minor child/ward and arising out of, connected with, or in any way associated with the event."

In the event of an emergency, I authorize the public entity to secure from any licensed hospital, physician, and/or medical personnel any treatment deemed reasonable and necessary for my minor child's immediate care and agree that I will be responsible for payment of any and all medical services rendered.

I understand and authorize that my child's image may be photographed or filmed and used on the OPS Internet website. I have read and fully understand and agree to the above stated conditions of participation in the OPS event.

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Print Name of Participant                      Date

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Signature of Legal Guardian

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Emergency Phone Number

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