

Participant Waiver

Effective Date: ____/____/____

Participant: _____
(Full Name of Participant)

Address: _____

City, State, Zip Code: _____

Phone Number(s): Cell: (____) _____ - _____ Home: (____) _____ - _____;
Work: (____) _____ - _____

Email: _____

I, the above listed Participant, desire to come voluntarily for the Tait Hendrix Foundation's event, Team Tait Tough, to be held at "Camp Bratton-Green", and to engage in the activities related to being a Participant.

I hereby freely, voluntarily, and without duress execute this Participant Waiver under the following terms:

I, the Participant, release and forever discharge and hold harmless the Tait Hendrix Foundation, a Mississippi nonprofit corporations, its directors, officers, employees, and agents, and its successors and assigns from any and all liability, claims, and demands of whatever kind or nature, either in law or in equity, which arise or may hereafter arise from the Participant's Activities in connection with the Team Tait Tough event.

I understand that this Waiver discharges the Tait Hendrix Foundation from any liability or claim that I, the Participant, may have against the Tait Hendrix Foundation with respect to bodily injury, personal injury, illness, death, or property damage that may result from or during my Activities relating to the Team Tait Tough or the Camp Bratton-Green's event site. I also fully understand that the Tait Hendrix Foundation does not assume any responsibility for or obligation to provide financial assistance or other assistance, including, but not limited to, medical, health or disability insurance, in the event of injury, illness, death or property damage.

I, the Participant, understand that I expressly waive any such claim for compensation or liability on the part of the Tait Hendrix Foundation in the event of such injury or medical expense. I hereby release the Tait Hendrix Foundation and Camp Bratton-Green from any claim whatsoever which arises or may arise in the future on account of any first aid, medical treatment, or other service rendered in connection with my Activities relating to the Team Tait Tough.

I understand that my Activities with the Tait Hendrix Foundation may include various activities that may be hazardous to me, and I hereby expressly and specifically assume the risk of injury or harm in these activities and release the Tait Hendrix Foundation and Camp Bratton-Green

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from all liability for injury, illness, death, or property damage resulting during my Activities with the Tait Hendrix Foundation.

I grant unto the Tait Hendrix Foundation all right, title, and interest in any and all photographic images and video or audio recordings that are made by the Tait Hendrix Foundation during my Activities relating to the Team Tait Tough event, including, but not limited to, any royalties, proceeds, or other benefits that are derived from such photographs or recordings.

I expressly agree that this Waiver is intended to be as broad and inclusive as permitted by the laws of the State of Mississippi and that this Waiver shall be governed by and interpreted in accordance with the laws of the State of Mississippi. I agree that in the event that any clause or provision of this Waiver shall be held to be invalid by any court of competent jurisdiction, the invalidity of such clause or provision shall not otherwise affect the remaining provisions of this Release which shall continue to be enforceable.

Print Participant's Name

Today's Date

Participant's Signature*

Birthdate MM/DD/YYYY (if under 18)

*If the Participant is a minor, a parent or legal guardian must affirm consent by signing below:

I agree that the minor has my consent to be a Participant at the Team Tait Tough event at Camp Bratton-Green. I also give my consent for the Tait Hendrix Foundation to seek emergency treatment for the minor if necessary, and I agree to accept financial responsibility for the costs related to such emergency treatment.

Parent or Legal Guardian Name

Parent or Legal Guardian Signature

Today's Date

IN CASE OF EMERGENCY, PLEASE CONTACT:

Print Contact Name

Relationship

Contact Phone(s) (with area code)

Contact Address

Contact City, State, Zip