



Please read and sign Liability Waiver and Release

Liability Waiver: I understand that the Marshall MO Solar Eclipse Entertainment Committee assumes no responsibility for injuries or illnesses, which I may sustain as a result of my physical condition, or resulting from my observation or participation in any activity or use of facilities or equipment used for Marshall MO Solar Eclipse Entertainment Committee activities. I expressly acknowledge on behalf of myself and my heirs that I assume the risk for any and all injuries and illnesses, which may result from my participation in these activities. I hereby release and discharge the Marshall MO Solar Eclipse Entertainment Committee, its agents, servants, and employees from any and all claims of injury, illness, death, loss or damage, which I may suffer as a result of my participation in these activities.

Certification: I certify that the information contained in my application form is true, correct, and complete to the best of my knowledge. I authorize the Marshall MO Solar Eclipse Entertainment Committee to make inquiries regarding my education, work experience, reference and a criminal background check. I release all parties and persons associated with any such inquiries from liability in connection with information they give.

Property Loss: I understand that the Marshall MO Solar Eclipse Entertainment Committee is not responsible for personal property lost, damaged, or stolen while members and/or program participants are using Marshall MO Solar Entertainment Committee facilities or on Marshall MO Solar Eclipse Entertainment Committee premises.

Photograph Permission: I give my permission for the Marshall MO Solar Eclipse Entertainment Committee, to use, without limitation or obligation, photographs, film footage, or tape recordings, which may include my image or voice for purposes of promoting or interpreting Marshall MO Solar Eclipse Entertainment Committee programs.

Medical Treatment: I authorize the Marshall MO Solar Eclipse Entertainment Committee, as my agent, to give consent to surgical or medical treatment by a licensed physician or hospital when such treatment is deemed necessary by the physician if I cannot be contacted within a reasonable time or otherwise unable to give consent. I authorize the Marshall MO Solar Eclipse Entertainment Committee to give first aid, CPR or other treatment by a qualified staff member.

Medical Clearance: If I answer "yes" to any of the following questions, I understand that it is my responsibility to complete an Informed Consent Waiver which may be obtained from the Marshall MO Solar Eclipse Committee office. Has a doctor ever informed you that you have high blood pressure? Have you ever had a heart attack, heart surgery or any type of heart problem? Do you have any serious orthopedic problem? Are you pregnant? Is there any reason why you believe you should not be engaged in exercise?

Acceptance: This waiver and release is given for myself and on behalf of all the minor members of my family listed, if any. I acknowledge the conditions for membership stated above. If any portions of this waiver are held to be invalid, I agree that the remaining terms shall continue to be in full legal force and effect. **I have read, or have had read to me, and voluntarily sign this waiver and release from liability.**

Signature: _____ **Date:** _____