



Event Waiver, Release of Liability and Hold Harmless Agreement

KTWU Women On Wheels

Location: West Parking Lots 7 and 9

Date: June 11, 2022

Sponsoring Entity: KTWU

www.ktwu.org/womenonwheels

Email signed waiver to: laurie.buhler@washburn.edu

or fax to 785-670-1112

THIS SIGNED FORM MUST BE SUBMITTED PRIOR TO PARTICIPATION

I wish to participate in the above-described Event. I understand that I do so at my own risk. In exchange for being permitted to participate in the Event, I hereby release KTWU, Washburn University, the State of Kansas, and all employee, officers, agents, representatives and volunteers of the foregoing (all collectively referred to as the "Released Parties") from liability for and hereby waive any and all claims for any loss, damage, injuries to person or property, death, directly or indirectly arising out of or in connections with my participated in or attendance at the Event.

I further agree to hold harmless, indemnify and reimburse the Released Parties from and for any sums, costs, or expenses incurred by any of the Released Parties or paid by them to any person (including me or my insurers) in connection with any accident loss, damage, injury to person or property, or death sustained by me or others in connection with my participated in or attendance at the Event. This means that I will reimburse the Released Parties if anyone makes a claim against them based on damages or injuries to person or property I may suffer or cause.

Further, I request upon my own initiative and application to receive volunteer staff instruction when the program lends itself to such instruction. I understand that as I am requesting such instruction, that I willingly waive and release all future claims against them as stated above.

Further, I agree to abide by all KTWU and University policies, state, local and federal laws for the duration of the event in which I am voluntarily participating. I understand that failure to abide these expectations may result in my immediate removal from the activity and appropriate KTWU / University or legal consequences.

As a participant I also agree to abide by the KTWU Rules as stated in the KTWU Women On Wheels Policies and Procedures.

Having read and understood the above, I freely sign this waiver, release and hold harmless agreement.

Participant / Vendor Contact Name (please print)

Vendor / Business Name

Telephone number

Email

Current Street Address

City / State / Zip

Signature

Date