

NORTH AMERICAN SQUIRREL ASSOCIATION

PARTICIPANT WAIVER

The undersigned voluntarily agrees to participate in the \_\_\_\_\_  
(Event)

Sponsored by the North American Squirrel Association on \_\_\_\_\_  
(Date or Dates)

The undersigned recognizes that the North American Squirrel Association has not undertaken any duty or responsibility for his or her safety and the undersigned agrees to assume the full responsibility for all risk of bodily injury, disability, and property damage as a result of participating in the above mentioned event. The undersigned recognizes that these risks included bodily injury, death, disability, and property damage. By my signature, I hereby state that I understand the risks involved in participating in the above mentioned event and willingly and voluntarily accept these risks. By my signature, I hereby surrender any right to seek reimbursement from the North American Squirrel Association and its directors, officers, employees, volunteers, and other agents for injury sustained and liability incurred during my participation in the activity named above. By my signature, I warrant that I am not relying on any oral representations, statements, inducement apart from the statements made on this form.

By signing below, the parties confirm that they have read, understand, and consent to the terms of this waiver agreement.

NAME of MINOR: \_\_\_\_\_

Check this box if you are signing this waiver as a legal guardian on behalf of a participating minor.

I understand and acknowledge that the event named above poses risks to my child, including serious injury or death. As legal guardian I release and forever discharge all offices, directors, employees, agents, and volunteers of the organization from any and all claims which in may arise from participating in this event. In case of illness or accident, permission is granted for emergency treatment to be administered. I hereby certify that to the best of my knowledge and belief said minor is in good health and advise that the above named minor has the following allergies, medicine reactions or unusual physical conditions, which should be known to a treating physician. (if None, please write the word "none".)

\_\_\_\_\_  
( Known Allergies, medical reactions, or unusual health conditions or write "none" )

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
Date

Emergency Phone Number (if signing for a minor) \_\_\_\_\_

Check this box to grant n.a.s.a. permission to use any photos or video of this event for promotional or marketing purposes. No compensation or royalty will be paid.

(over)

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nasa Representative signature

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Printed Name

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Date

Additional Notes or Medical Information: