

Fort Hays State University
Waiver, Release and Indemnification for Participation

In consideration of being allowed to participate in the Run/Walk To Help Children Talk and other related activities on the 19th day of October, 2019, I hereby release Fort Hays State University (FHSU), The State of Kansas, FHSU's Department of Communication Sciences and Disorders and the Herndon Speech-Language-Hearing Clinic (collectively referred to as released parties) their agents, officers, employees, heirs and assigns from any and all claims, demands, and causes of action of any kind and however presented, including but not limited to claims of negligence, which may arise from any and all property damage or personal injury I may suffer as a result of my participation in the aforementioned event.

I understand that I am advised to purchase medical insurance to cover any medical expenses I may incur arising out of my participation in the aforementioned event. I also understand that in no event will the above-mentioned persons and/or entities be responsible for any such medical expenses.

I further agree to indemnify and hold harmless the above-mentioned persons and/or entities from any and all claims, demands, and causes of action of any kind and however presented, including but not limited to claims of negligence, arising out of any property damage or personal injury to the third persons caused or created by my participation in the aforementioned event.

I fully realize the risks associated with aforementioned event, and I knowingly and voluntarily assume those risks, including, but not limited to the risk of serious bodily injury or death.

I have reviewed and understand this release and fully understand and assume the risks associated with the participation in the event. I intend this release and indemnification to apply to my heirs, assigns, devisees, and legatees, if any.

Signature of Participant: _____ Date: _____

Printed Name of Participant: _____ Age*: _____

Address: _____

***If participant is under 18 years of age, a parent or legal guardian's signature is required.**

Signature of Parent/Guardian: _____ Date: _____

Printed Name of Parent/Guardian: _____

Address: _____

