

CINCO *de* MAYO!

Consent Form

C. Informed Consent and Release

I, the undersigned, in consideration of the request and permission to participate as a volunteer for Cinco De Mayo Omaha, hereby assume full responsibility for all risk of injury or loss which may result from my participation in this activity and hereby AGREE TO DEFEND, INDEMNIFY, HOLD HARMLESS, RELEASE AND FOREVER DISCHARGE the South Omaha Business Association, its respective officers, agents and employees, past and present, from any and all acts of negligence and all claims and demands whatsoever, which the undersigned, any third person, or any persons acting under their behalf, have or may have against the South Omaha Business Association, or its respective officers, agents or employees, past and present, by reason of any accident, illness, injury to or death of any person or persons, or damage to or loss or destruction of any property arising or resulting directly or indirectly from participation in the referenced activity and occurring during said participation, or any time subsequent thereto. The terms of this release will serve as a release and assumption of risk for my heirs, executors and administrators and for all of my family members. I agree and acknowledge that some activities may be of a hazardous nature and/or include physical and/or strenuous exercise or activity, and, understanding this, I state that to the best of my knowledge, the participant has no medical, physical, mental or emotional health conditions in which would hinder or prevent my active participation in the referenced activity.

VOLUNTEERS UNDER 18 YEARS OLD MUST HAVE SIGNATURE OF A PARENT OR GUARDIAN

Volunteer Signature

____/____/____
Date

Print Parent/Guardian

(____)____-____
Emergency Phone #

Parent/Guardian Signature

____/____/____
Date