

Liability Release



United Way Fox Cities

I assume responsibility for any and all risk of property damage or bodily injury that I may sustain while participating in or traveling to and/or from any activity conducted by United Way Fox Cities. In the event of an accident, injury, illness, or property damage, United Way Fox Cities and its agents do not assume any responsibility or obligation to provide financial assistance or other assistance, including but not limited to, medical, health, or disability insurance. I currently have no known mental or physical condition that would impair my capability for full participation as intended or expected of me and I assume full responsibility for my medical condition as it relates to my participation. I further acknowledge that I have adequate insurance necessary to provide for and pay any and all medical costs that may directly or indirectly result from my participation. I further acknowledge my participation has inherent risks that I choose to accept voluntarily, and that my choice to participate in these activities can be discontinued at any time at my sole discretion.

I, on behalf of myself, my heirs, legatees, personal representatives, and all those claiming by or through me, also consent to, and do hereby discharge, release and forever hold harmless United Way Fox Cities, its Board of Directors, officers, shareholders, sponsors of this program, their affiliates, agents, servants, employees, assigns, successors and heirs (the "Released Parties") from any and all claims, actions, losses, damages, or expenses related to personal or bodily injury (including death) and property loss or damage incurred by me, arising indirectly or directly out of United Way Fox Cities negligence. This Release contemplates discharging the Released Parties solely for the tort of negligence and does not release or discharge the Released Parties for any other causes of action, including, without limitation, intentional, reckless, wanton, willful or intentional conduct.

I acknowledge that this Release was signed by me with the express intention of giving up substantial rights, including effecting the extinguishment of certain obligations that may be owed to me. I release and discharge the Released Parties freely and voluntarily with the intention of binding my spouse, heirs, executors, administrators, legal representatives and assigns. I have been given the opportunity to bargain and negotiate different terms related to this Release and have been encouraged by United Way Fox Cities to seek independent legal advice prior to signing this Release.

This Release shall be construed in accordance with the laws of the State of Wisconsin. This Release shall constitute the entire agreement of the parties with respect to the subject matter of this Release and supersedes all prior agreements, understandings, negotiations, statements, promises and discussions, oral and written, between the parties hereto with respect to the subject matter of this Release.

I HAVE READ AND UNDERSTAND THE ABOVE LIABILITY RELEASE. I AFFIRM THAT I AM AT LEAST 18 YEARS OF AGE, OR, IF I AM UNDER 18 YEARS OF AGE, I HAVE OBTAINED THE REQUIRED CONSENT OF MY PARENT/GUARDIAN AS EVIDENCED BY HIS/HER SIGNATURE BELOW.

Participant Signature: _____ Date (MM/DD/YYYY): ____/____/____

Parent/guardian signature: _____ Date (MM/DD/YYYY): ____/____/____

Participant Name (Print): _____ Company (optional): _____

If under age 18, please list birthdate (MM/DD/YYYY): ____/____/____

Parent/guardian name (Print): _____

Home Street Address: _____ Phone number: _____ Cell Home

City: _____ State: _____ Zip code: _____

Home Email address: _____

SIGNATURE ON BOTH SIDES REQUIRED (PAGE 1 OF 2)

Media Release



United Way Fox Cities

I hereby grant United Way Fox Cities permission to use my likeness in a photograph, video, audio recording, or other media in any and all of its publications, including web-based publications, without payment or other consideration. I understand and agree that all media will become the property of United Way Fox Cities and will not be returned. I hereby irrevocably authorize the United Way Fox Cities to edit, alter, copy, exhibit, publish, or distribute these photos or other media for any lawful purpose. In addition, I waive any right to inspect or approve the finished product wherein my likeness appears. Additionally, I waive any right to royalties or other compensation arising or related to the use of the photo.

By signing this Media Release, I hereby hold harmless, release, and forever discharge United Way Fox Cities from all claims, demands, and causes of action which I, my heirs, representatives, executors, administrators, or any other persons acting on my behalf or on behalf of my estate have or may have by reason of this authorization.

I HAVE READ AND UNDERSTAND THE ABOVE MEDIA RELEASE. I AFFIRM THAT I AM AT LEAST 18 YEARS OF AGE, OR, IF I AM UNDER 18 YEARS OF AGE, I HAVE OBTAINED THE REQUIRED CONSENT OF MY PARENT/GUARDIAN AS EVIDENCED BY HIS/HER SIGNATURE BELOW.

Participant Signature: _____ Date (MM/DD/YYYY): ____/____/____

Parent/guardian signature: _____ Date (MM/DD/YYYY): ____/____/____