

FRIENDS OF FISHER HOUSE- ILLINOIS

Event waiver form

PLEASE PRINT INFORMATION BELOW

DATE:

EVENT:

NAME:

ADDRESS:

Street / PO Box

CITY

STATE

ZIP

RIDER

PASSENGER

CLUB: Any?

EMAIL:

PHONE:

**THIS IS A RELEASE AND INDEMNITY AGREEMENT
READ IT BEFORE SIGNING**

I hereby give up all of my rights to sue or make any claim whatsoever against the promoters, sponsors and all other persons, participants or organizations conducting or connected with this event for any injury to property or person I may suffer, including crippling injury or death, whether such injuries arise while I am upon the event premises.

I know the risks of danger to myself and my property while participating in the event and while upon the event premises and relying upon my own judgement and ability, assume all such risks of loss and hereby agree to reimburse all costs to those persons or organizations connected with his event for damages incurred as a result of my negligence.

THIS IS A RELEASE

Signature of participant

THIS IS A RELEASE

Signature of Parent or Guardian