

City of Great Falls Animal Shelter
WAIVER, RELEASE, INDEMNIFICATION and AUTHORIZATION FOR MEDICAL
TREATMENT FOR CARDBOARD REGATTA PARTICIPANTS

I wish to voluntarily participate in the Cardboard Regatta with the City of Great Falls and the Great Falls Animal Shelter (referred to as “GFAS” herein). By signing this agreement, I acknowledge and agree that:

1. I am physically fit and capable of physically participating in this event;
2. I have the requisite physical skills and abilities to safely participate in this event; and .
3. If participant is a minor, I am the parent/guardian of participant and expressly authorize participant to participate in this event under the terms and conditions herein.

As an inducement to GFAS to allow me to participate in the Cardboard Regatta, I agree, for myself, my successors, and assigns, that I shall not sue or make any claim of any kind against GFAS and the City of Great Falls, their officers, directors, employees, agents, successors and assigns for or in account of anything which may relate to or arise from my participation in the event.

Acknowledgment of Risk

I fully understand the event involves risks of serious bodily injury, including permanent disability, paralysis and death, which may be caused by my own actions or inactions along with the actions or inactions of others participating in the event; the conditions in which the event takes place; the negligence of the “RELEASES” named below; and other risks either not known to me or not readily foreseeable at this time; and I fully accept and assume all such risks and all responsibility for losses, costs, and damages I incur which may relate to or arise from my participation in this event.

Waiver, Release and Indemnification

In accepting these risks, I hereby release, waive, indemnify, discharge, defend and hold harmless, GFAS, the City of Great Falls, Montana, and their agents, employees, officers, volunteers and any and all other associates, from and against any all actions, claims, causes of action, liability, loss, damage costs (including attorney fees) and demands of any nature arising by reason of any and all known and unknown, foreseen and unforeseen bodily and personal injuries, death, or damage to property which may relate to or arise from my participation in this event. I understand that this waiver includes any claims based on negligence, action or inaction of any of the parties.

I expressly agree that the foregoing release, waiver, and indemnity agreement is intended to be as broad and inclusive as is permitted by the law of State of Montana, and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

Authorization for Medical Treatment

In the case of an emergency, I authorize GFAS staff to contact medical providers and/or services on my behalf including, but not limited to, paramedic treatment, transportation by emergency vehicle to a medical facility and treatment by medical providers. For minor injuries or illness, I give my consent for medical treatment and permission to GFAS personnel to supervise or perform on-site first aid.

I understand that this authorization is given in advance of any specific diagnosis, treatment or hospital care required, and that GFAS will rely on this authorization only in the event of an emergency or urgent situation. In the case of an emergency involving a minor, every effort will be made to contact the parent/guardian listed prior to treatment, and the consent will be only used at a time when the parent/guardian consent may not be available. I agree to assume all financial responsibility as to any treatment and/or services. I will indemnify, defend, and hold harmless GFAS, the City of Great Falls, and their agents, employees, officers, volunteers and any and all other associates from any and all financial and legal obligations associated with emergency treatment, including all actions in seeking and obtaining this service.

Photo Release

I grant permission to be photographed while participating in the GFAS Cardboard Regatta and hereby authorize GFAS to use any photographs of me in its possession for public relations purposes without any compensation or inspection. I ask that GFAS use reasonable efforts to give me advance notice of any such use, but such notification is not a condition to release photographs for public relations purposes.

PLEASE READ THE ABOVE CAREFULLY BEFORE SIGNING!
THIS IS A LEGAL DOCUMENT THAT AFFECTS LEGAL RIGHTS. If there is anything in this document that you do not understand or if you object to any provision contained in this document, you should not sign but rather seek advice from legal counsel.

I am at least 18 years of age and I am competent to contract in my own name. I have read this release, waiver, indemnity and authorization agreement before signing below, and I fully understand the contents, meaning, and impact of this release. I understand that this is a release of liability and agree to be legally bound by it, on behalf of myself, my heirs, next of kin, assigns and personal representatives.

Name: _____ Phone: _____

Signature: _____ Date: _____

Home Address: _____

Emergency Contact: _____ Relationship: _____

Phone: _____

Medication(s)/Allergies/Conditions: _____

If participant is under 18 years of age, the participant's parent or guardian, agrees as follows:

I, the undersigned, hereby certify that I am the parent or guardian of the underage person(s) named below. The underage person(s) has my permission to participate in the Great Falls Animal Shelter Cardboard Regatta. I have read this release, waiver, indemnity and authorization agreement, before signing below, and fully understand its contents. I understand

that this is a release of liability and agree that this release is binding on me, the underage person named above, and our heirs, assigns and personal representatives.

Name of Underage Person(s): _____

Parent/Guardian's Signature: _____ **Date:** _____

Parent/Guardian's Printed Name: _____

Home Address: _____ **Phone:** _____

Medication(s)/Allergies/Conditions of underage person(s): _____
