



## WAIVER OF LIABILITY, INDEMNIFICATION, AND MEDICAL RELEASE

### ***Acknowledgment and Assumption of Risk***

I do release and forever discharge all Applefest event coordinators including employees and associates of Bismarck Cancer Center, Bismarck Cancer Center Foundation or BSC Community Bowl, their heirs and personal representatives, and all firms, corporations and persons on their behalf liable, from any and all claims, demands, damages, actions, or causes of action arising from or growing out of any and all personal injuries and/or property damage and/or property theft that I may incur while volunteering and/or participating at Applefest to be held at BSC Community Bowl Parking lot on September 27, 2020.

I also understand that any photographs taken during the event may be used by the Bismarck Cancer Center and/or the Bismarck Cancer Center Foundation for marketing and publicity.

I have read and fully understand the above contract. I agree to abide by its provisions.

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_

### **If Minor is a participant, please sign below:**

I, the undersigned parent and/or legal guardian, affirm that I am at least 18 years of age and am freely signing this agreement. I have read this form and fully understand that by signing this form I am giving up legal rights and/or remedies which may otherwise be available to the minor participant regarding any losses the participant may sustain as a result of his/her participation. I agree that if any portion is held invalid, the remainder will continue in full legal force and effect.

The undersigned parent and/or legal guardian does hereby acknowledge that he/she is aware of the dangers and the risks to the participant's person and property involved in participating in Bismarck Cancer Center's Applefest event to be held at BSC Community Bowl Parking lot in Bismarck on September 27, 2020.

Minor's Printed Name: \_\_\_\_\_

Legal Guardian's Signature: \_\_\_\_\_

Date: \_\_\_\_\_