



Liability Waiver Form: Release of ALL Claims Media Release Form

Participant Name: _____ **Date of Birth:** _____
Name of Activity: Field Day **Date of Activity:** April 12, 2025
Location of Activity: Benedictine College, 1020 N. 2nd Street, Atchison, KS 66002

Liability Waiver

I, the undersigned, understand that participation in this activity involves known and unanticipated risks which could result in physical or emotional injury, sickness, paralysis, death and/or damage to property or me. I understand that such risks simply cannot be eliminated, and I elect to participate despite the risks. I understand that I may choose to stop participating in the activity at any time.

I, the undersigned, on behalf of myself, my children, parents, heirs, assigns, and personal representatives, expressly agree and promise to accept and assume all of the risks associated with my participation in the activities involved. I voluntarily do hereby release, waive, and forever discharge any and all claims of negligence against Achievement Services for Northeast Kansas, Inc., the Archdiocese of Kansas City in Kansas, Benedictine College, and Special Olympics Kansas (hereafter "THE ORGANIZERS") that relate in any way to this activity.

I, the undersigned, on behalf of myself, my children, parents, heirs, assigns, and personal representatives, further agree to indemnify and hold THE ORGANIZERS and its respective members, directors, employees, volunteers, sponsoring religious communities, participants, chaperones, students and agents (collectively, the "Indemnities") harmless from and against any and all claims, demands, actions, lawsuits, and liabilities, including attorney fees and expenses and costs sustained by the Indemnities as a result of my negligent, willful or intentional acts.

If, in the opinion of a representative of THE ORGANIZERS, I, the undersigned, appear to need medical and/or surgical care, I hereby give permission for such care and agree to be responsible for the payment of all costs involved. I understand that THE ORGANIZERS do not maintain an insurance policy that would provide coverage to me if injured during the activity. I certify that I have adequate insurance to cover any injury or damage I may suffer or cause while participating in the activity, or else I agree to bear the costs of such injury or damage myself.

Media Release

I, the undersigned, on behalf of myself, my children, parents, heirs, assigns, and personal representatives hereby grant to THE ORGANIZERS and their agents, legal representatives and assigns, the irrevocable and unrestricted right to use distribute, transmit, copy, publish or otherwise exploit words/images/recordings of me individually, or in groups in which I may be included, for editorial, trade, advertising, and any other purpose and in any manner and medium; to alter the same without restrictions; and to solely own the copyright for the same. I hereby release THE ORGANIZERS and its agents, legal representatives, successors, and assigns from any and all claims or liability relating to its use or actions with respect to said words/images/recordings, including, but not limited to, invasions of privacy, right of publicity and defamation. I warrant and represent that I have full authority for this.

I acknowledge that this document contains, among other things, a negligence waiver. I have had sufficient opportunity to read this entire agreement. I certify that I have read the agreement, understand it, and agree to be bound by its terms. By signing, I agree to this form on my own behalf and, if I am the parent/guardian of the participant, I also agree to this form on behalf of the participant.

Participant Signature (required for adult participant with capacity to sign legal documents)

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|---------------------------------|-----------|----------------|
| | | |
| Participant Name (Please print) | Signature | Contact number |

Date

Parent/Guardian Signature (required for participant who is a minor or lacks capacity to sign legal documents)

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|-------------------------------------|-----------|--------------|
| | | |
| Parent/Guardian Name (Please print) | Signature | Relationship |

Date